Manitoba

Annual Report 1988 – 89

Health

91-05356/

Minister of Health

Room 302
Legislative Building
Winnipeg, Manitoba, CANADA
R3C 0V8

June 1, 1990

His Honour George Johnson
Lieutenant-Governor
Province of Manitoba

May It Please Your Honour:

I have the privilege of presenting herewith the Annual Report of Manitoba Health for the fiscal year 1988-89.

Respectfully submitted,

Donald W. Orchard

Manitoba

Deputy Minister of Health

Winnipeg, Manitoba, CANADA
R3C 0V8

June 1, 1990

Honourable Donald W. Orchard
Minister of Health

Sir:

I have the privilege of presenting herewith the Annual Report of Manitoba Health for the fiscal year 1988-89.

The report reflects the Department's accomplishments over the past year. The "Partners for Health" theme was introduced this year to encourage individuals and communities to take action to identify and reduce risks to health.

We actively involved community agencies, health care facilities, self-help groups, the health care professionals, health consumers and their families, and the general public in the process of consultation and, with them, launched several major initiatives.

Of these, the "Partnership for Mental Health" reform was the most noteworthy for the year, breaking new ground in establishing a more humane, rehabilitative environment for those with mental illness.

Future plans call for innovation in areas such as health promotion, continuing care, rehabilitative services and the creation of a fund to encourage innovative health projects, all made in consultation with the people most involved and affected by our health system.

It is an exciting time of change. Through new initiatives, community consultations and the further expansion of programs with proven success, we will continue to provide quality health care for all Manitobans.

Respectfully submitted,

Frank A. Maynard

Frank A. Maynard

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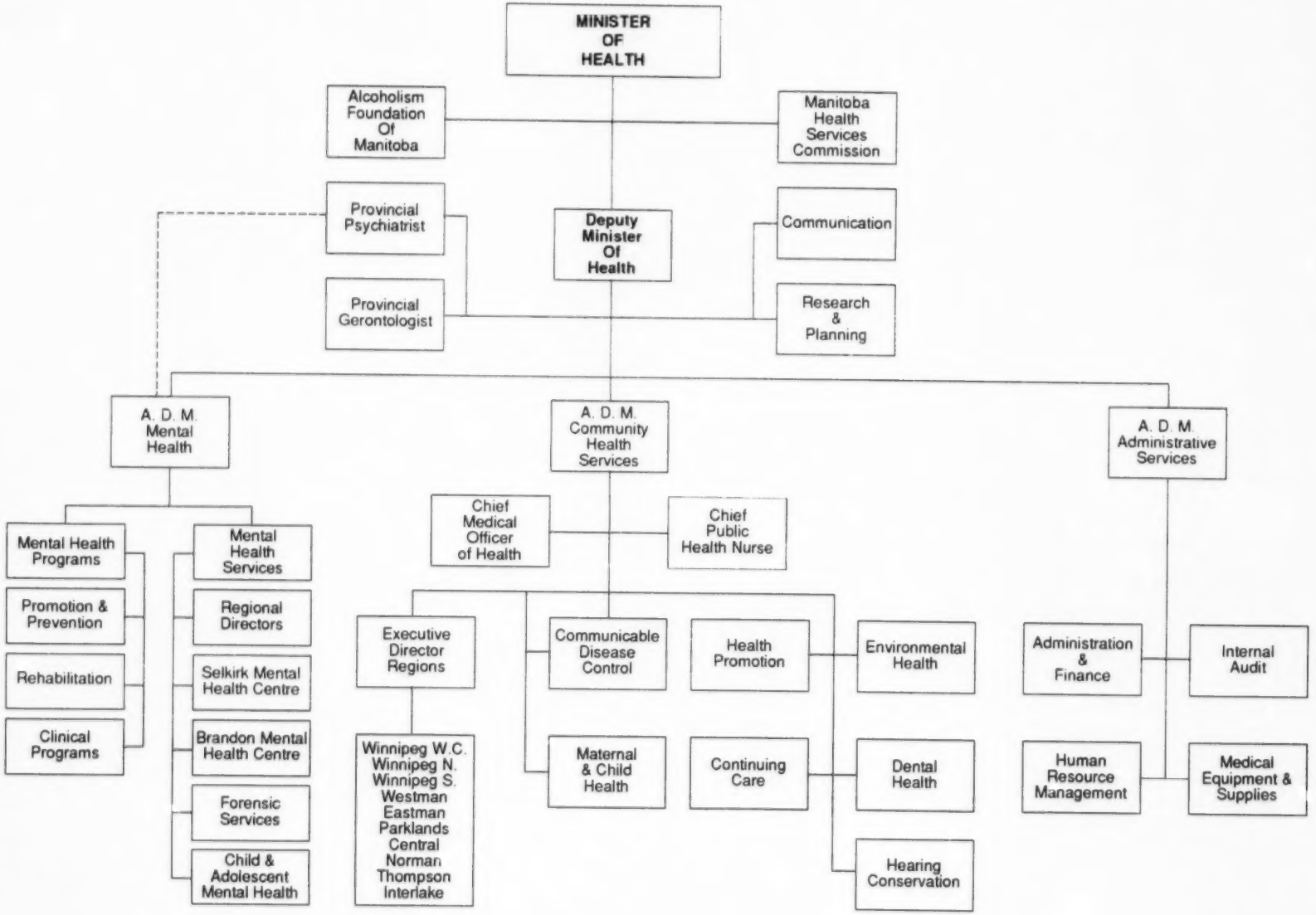


Overview

During the past year, Manitoba Health launched a new approach to health initiatives through the development of partnerships with health care professionals and the community. Consulting those most involved with the health system, including patients and their families who access our services, we have gained an informed opinion on planning, analysis, operations and evaluations.

One area which was actively involved in this partnership approach this year was the mental health network. The policy paper, "A New Partnership for Mental Health In Manitoba" was released by Health Minister Donald W. Orchard in November 1988 and outlines the initial phase of a long term plan to reform the care and treatment of the mentally ill. The plan calls for the creation of regional mental health teams, the restructuring of the Mental Health Services Division, the recruitment of more provincial psychiatrists and immediate service improvements in community mental health programs. Shortly after this announcement, the Minister announced funding of $300,000 per annum to support an expanded psychogeriatric service for seniors in the Central Region; and in March of 1989 announced the start of a review of psychiatric nursing resources and education programs. These and other initiatives were supported by $1,000,000 redirected from within the ministry.

Continuing Care services were also under review during the year. Following the tabling of the Price Waterhouse Report, the Review of the Manitoba Continuing Care Program, there was an immediate increase of 23% in funding for this area, raising the total allocation for the year to $43.7 million. A trend is evident toward more complex cases. An awareness program is proposed to inform eligible Manitobans, particularly seniors, of the availability of these public services.

Major reviews of other health services such as health promotion, rehabilitative services, women's health issues, multicultural health issues and others are ongoing.

To facilitate the development of these and other initiatives, the Health Advisory Network was formed in December 1988. These health care leaders were gathered together to develop action oriented health care recommendations to take Manitoba into the 1990s. Major policy issues such as rural health services, and the implications of the aging population and new health technologies will be discussed, and new health services developed. The objectives of the Network are: to research other provincial health systems, to avoid fragmenting or duplicating services, to focus on the elderly, and to develop new funding formulas.

Another forward looking initiative was the signing of the Minnesota-Manitoba Agreement on Economic Cooperation and Trade Opportunities by Premier Gary Filmon. Within this paper are strategies for health industry development to achieve an international complex of technical and industrial excellence. Health areas to be examined include health products relating to seniors, rehabilitation and home care, medical and institutional products, health information and communications technology, technological opportunities from the new federal Virology Laboratory to be located in Winnipeg, and occupational/environmental products.

Administrative Services Division

The Administrative Services Division is composed of five integrated branches: Administration and Finance, Human Resource Management, Internal Audit, Medical Supplies and Home Care Equipment, and Information Resources Centre.

The major responsibilities of the division include financial planning and human resource management for the department. This involves ongoing liaison with program and operating divisions in order to promote the most efficient use of available fiscal and human resources.

The division provides a range of services aimed at improving the operational efficiency of the Department and increasing cost effectiveness while enhancing service delivery to the public. These services include comprehensive operational reviews and internal audits.

The division is responsible for both a central information resource centre and a warehousing and distribution operation for medical supplies and home care equipment.

The development and administration of departmental funding for external agencies is also included within the division.

Administration and Finance

This branch manages the internal financial affairs of the department, administers funding to external agencies, and coordinates support services to meet departmental operating requirements.

Through central financial planning and coordination, the Program Budget Review Section controls the Department's financial resources, facilitates the development of the annual estimates, conducts financial analysis and provides financial reports to senior management and central government.

The Accounting and Operational Support Section is responsible for the payment of accounts, the collection of revenue and the processing of departmental homemaker payrolls. This Section also facilitates the planning, acquisition and management of departmental facilities, vehicles and equipment, and coordinates records management and Freedom of Information applications.

The Agency Relations Section is responsible for determining appropriate funding support levels and administering funding to external agencies consistent with the provisions of the Financial Administration Act and related directives.

In 1988/89, this branch made significant gains in computerizing the Estimates package and in decentralizing detailed Estimates preparation.

Human Resource Management

This branch provides support services to the department including the Mental Health Centres in the areas of delegated recruitment and selection, position evaluation and classification, pay administration and payroll, labour relations and human resource development. In addition, the branch provides management and staff with consultation and interpretation of human resource policies, legislation, and collective agreements and develops and implements departmental human resource policies and procedures.

Affirmative Action continued to be a priority in all human resource activities during the 1988/89 fiscal year. The department has been successful in the recruitment of Affirmative Action candidates from outside the Civil Service and in promoting the career development of internal staff. Outreach efforts through programs such as the Business Learning Opportunity Program and Winnipeg Core Area Initiative have resulted in valuable work experiences and employment opportunities for several participants. Branch staff have provided training, support, and consultation to managers and staff throughout the department on the implementation of Affirmative Action.

During 1988/89, the first Home Care Attendants' Collective Agreement was implemented. Sick benefits, a dental plan and a pension plan have been phased in during the fiscal year. The development of policies and procedures to ensure the efficient ongoing administration of the Agreement has been an emphasis in the branch. A staff training and development program in managing under a collective agreement has been undertaken.

To begin to address the recruitment and retention difficulties experienced with medical officers, the branch directed significant resources toward the review of the Medical Officer classification series. Throughout this fiscal year, several committees were also established to address with management, such issues as interregional labour relations policies and practices; northern and remote recruitment and retention problems; recruitment and promotion standards for public health nurses.

Internal Audit

The Internal Audit Unit is responsible for the provision of operational and financial system reviews. These reviews are aimed at identifying areas for improvement to contribute to the economy, efficiency and effectiveness of the area under study. The functions of the unit are consistent with guidelines approved by Treasury Board and Manitoba Finance relating to internal audit. All organizational units within the department are subject to review on both a systematic and request basis as approved by the Departmental Audit Committee.

During the past year this branch completed a number of assignments which included:

- Winnipeg Regions Organizational Review
- Winnipeg Regions Classification Procedures Review
- V.O.N. Review (Participant)
- Life Saving Drugs Program Review

as well as special assignments related to program and administrative activities.

Medical Supplies and Home Care Equipment

The Medical Supplies and Home Care Equipment Branch is responsible for the acquisition, warehousing, distribution, maintenance and repair of various medical supplies and equipment. The program is primarily delivered through the Winnipeg office and has two rural depots located in Brandon and Dauphin. The supplies and equipment provided by this branch facilitate patient home care, thus reducing long hospital stays.

Continuing Care supplies include approximately 350 different supply items distributed to Manitoba residents in support of the Provincial Home Care and Community Health Programs. Statistics for 1988/89 indicate a 13.7% increase in registered clients compared with 1987/88. Services to clients receiving continuing care supplies also increased by 3.2% from the previous fiscal year.

There are approximately 125 different medical equipment items such as bathroom aids, bedroom furnishings, support, and mobility aids to assist individuals in their own homes. These items are provided without cost to Manitoba residents under the direction of a health care professional. The number of clients registered with the home care equipment program increased from 15,487 in 1987/88 to 17,259 in 1988/89 indicating an 11.4% increase. During the year 28,404 services were provided to those individuals.

Oxygen concentrators are provided to clients who have met certain medical criteria and require large amounts of oxygen on a continuing basis in their own homes. Statistics indicate a 15.7% increase in registered clients in 1988/89 over the previous fiscal year.

Stoma care products are provided to all ostomate clients registered with the program. There are approximately 394 various types of stoma products. A professional appliance fitting, skin care and educational support program is provided by two enterostomal therapists contracted through the Victorian Order of Nurses. In 1988/89 statistics indicated a 2.2% increase in registered clients from 1987/88 and a 3.8% increase in services provided over the previous fiscal year.

This branch also administers the acquisition of manual and motorized wheelchairs for the Manitoba Wheelchair Services Program. Distribution and repair services are provided through the Society for Manitobans with Disablilities, Inc. The Society warehouses, repairs and maintains all equipment rendered. Speciality type canes and crutches are also provided.

In 1988/89, the branch contracted out the delivery of medical equipment and supplies in the Winnipeg area to the private sector. This modification in the delivery system has allowed the branch to increase its efforts in repair and maintenance services on medical equipment.

Information Resources Centre

The Information Resources Centre provides information, referral and reference services to the public and to government departments, educators and health care professionals. The Centre, with a collection of over 20,000 books and 250 current journal titles, collects, researches and loans technical reference materials on health and social services subjects. In 1988/89, the Centre responded to 1,006 requests. The Centre also loans films, packaged programs and other audio visual material, and prints and distributes departmental publications, i.e. pamphlets on current health topics. In this fiscal year, there was a slight decline in the number of audio visual tapes requested (7,865 requests - down 500 from 1987/88) and an increase of more than 400,000 publications distributed to a total of 1,413,732. Computerization has provided for more efficient service.

Community Health Services Division

This division is responsible for program and policy development services to support the programs of Manitoba Health, and the health service delivery system provided through regional offices.

The underlying philosophy of the division is the provision of programs and services which are directed at specific Manitoba target populations with the aim of improving health and well being. This philosophy crosses the basic spectrum of promotion, prevention and care services.

Program directorates are responsible for providing leadership for the development of community health programs, the establishment and monitoring of program standards, professional consultation to staff, as well as staff training and development.

Program services are delivered using a community based service delivery model within defined geographic catchment areas. Currently in Manitoba this translates into ten provincially administered regional delivery units.

Regional Operations

For administrative and service delivery purposes, Manitoba is subdivided into ten regions. These regional offices provide a wide variety of community based health and social services. These include: communicable disease control, audiological services, maternal and child health, health promotion, health education, services to seniors, home care, community mental health, dental health, environmental health, child and family services, mental retardation and rehabilitation, child day care, and medical consultation.

In each of the ten regions, the health service delivery system is managed by a Regional Director who is responsible for the administration and delivery of the field services of Manitoba Health and Manitoba Family Services.

Regional Directors report to the Executive Director of Regional Operations. Program and fiscal controls for health programs come within the jurisdiction of Manitoba Health. Program and fiscal controls for social service programs come within the jurisdiction of Manitoba Family Services.

The Executive Director of Regional Operations works closely with Regional Directors to promote departmental objectives including the identification and establishment of field methods for solving problems related to program delivery.

Communicable Disease Control Directorate

The goal of the Communicable Disease Control Directorate is to minimize the adverse effects of communicable diseases on the health of Manitobans. Programs are carried out in collaboration with local public health staff, physicians, infection control nurses, laboratories, particularly the Cadham Provincial Laboratory, and numerous community agencies. Primary prevention or total avoidance of communicable diseases is achieved through activities such as an active immunization program and inspection services in restaurants. When an infection is present but asymptomatic, secondary prevention or prevention of disease progression may be attained through passive immunization programs such as the provision of immune globulin for hepatitis A and the treatment of sex contacts of gonorrhea and syphilis. Tertiary or curative measures are initiated when disease outbreaks occur.

Reports of diseases of public health significance are forwarded by health care personnel in the province to Communicable Disease Control for appropriate action. In addition, these reports become part of provincial, national and international statistics, and as such contribute to the ongoing global surveillance of communicable disease.

Significant progress has been made in the control of communicable diseases. Current preventive measures to combat these infectious diseases have succeeded in securing dramatic improvements in life expectancy of babies born today. Although this achievement is significant, these gains can only be maintained through continuing existing programs and developing new programs to meet the ever-evolving patterns of communicable diseases. Challenges range from the elimination of familiar diseases like measles to developing appropriate strategies to prevent hemorrhagic colitis due to *E. coli* and to motivating individuals to change their lifestyle to control the spread of infections like chlamydia and the human immunodeficiency virus.

Vaccine-Preventable Illnesses

The directorate facilitates the control of vaccine-preventable diseases by providing vaccines and monitoring

immunization programs; by investigating and intervening to prevent spread when such diseases are reported; by receiving reports and cooperation from laboratories and other health care professionals; and by the education of health care professionals and members of the general public.

Immunization Programs

The Directorate staff review and recommend immunizing agents for children, adults, travellers and workers. They provide the immunizing agents free of charge for the majority of the immunizations which it recommends, to encourage high rates of compliance. They also provide fact sheets and conduct seminars and public forums related to immunization. Standard Immunizations include:

1. **Diphtheria, Pertussis and Tetanus Immunization (DPT):**

   It is recommended that all Manitoba children receive the recommended series of immunization against these serious diseases. Although no cases of diphtheria were reported in 1988, a number of carriers of this organism were identified indicating that risk of infection is still present. No cases of tetanus (lockjaw) were reported; however, this organism remains in the environment. Pertussis (whooping cough) was again reported in Manitoba in 1988. This illness cannot be eradicated, and the only control measure possible is to ensure immunization of young children who are most likely to suffer the complications of this illness. A purified pertussis vaccine is being considered by Health and Welfare Canada for licensure. It is no more effective than the present vaccine, but is less likely to cause side effects such as fever and pain.

2. **Poliomyelitis Vaccine:**

   No cases of polio were reported in Manitoba in 1988. However, the polio virus continues to cause illness and death in many parts of the world. It will be necessary to protect Manitobans until this virus is eradicated. There is both an oral (live) and injectable (killed) polio virus vaccine available. Recommendations for use depend on the age and occupation of the person to be immunized.

3. **Measles, Mumps and Rubella Vaccine:**

   It is recommended that all children receive a combined immunization for these three diseases on or after the first birthday. Manitoba experienced sporadic cases of all three of these illnesses in 1988, and high immunization levels are required to prevent outbreaks. With the prevention of rubella, cases of congenital rubella in newborns have also been prevented. Female children who miss the combined immunization at one year of age are immunized against rubella at 12 years of age.

4. **Immunization for Travellers:**

   The directorate makes recommendations for prevention of communicable diseases in travellers. This includes information on hygiene and sanitation, as well as on immunization and malaria prophylaxis. Persons travelling internationally may receive cholera, typhoid and/or immune serum globulin prior to their trip. Other special immunizations may be recommended, such as meningococcal vaccine for persons travelling to parts of sub-Saharan Africa.

5. **Immunizations for Health Care Workers:**

   The Directorate provides information regarding the risk of contracting an infectious disease in the workplace, and makes recommendations regarding immunization and infection control procedures. Possible exposures to hepatitis B are investigated and prophylaxis to prevent infection in workers is provided as necessary.

6. **Other Immunizations:**

   Persons who may have been exposed to rabies because of an animal bite are given rabies immune globulin and rabies vaccine. Manitoba has never had a case of human rabies. However the disease is endemic in several animal species in the province and humans are at risk.

   Immune serum globulin may be recommended to prevent illness in persons exposed to the hepatitis A virus. There were 65 cases of hepatitis A identified in the province in 1988. Immune serum globulin is also of value in preventing measles infection of infants who have been exposed to this virus.

Monitoring of Immunizations

The Manitoba Immunization Monitoring System (MIMS) became fully operational as of January 1, 1989. This computerized system was developed by Manitoba Health in conjunction with the Manitoba Health Services Commission. Since November 1987, this System has recorded all immunizations for which Manitoba physicians have submitted a claim, and all public health units (Manitoba Health, the City of Winnipeg Health Department, and Medical Services Branch, Health and Welfare Canada) record the immunizations given by public health nurses. MIMS monitors immunizations given, and also records immunizations which are restricted for a particular child. With further refinement, this System will provide immunization rates by community, and will monitor the occurrence of adverse events following immunization.

Investigation of Outbreaks of Communicable Disease

The directorate received reports of communicable diseases from physicians, laboratories, health care facilities, and local public health units. For example, in 1988 cases of hemorrhagic colitis caused by the bacterium *E. coli* 017:H7 appeared in large numbers for the first time. The directorate maintained a registry of these cases and assisted the local public health units in investigating them. Reports of vaccine-preventable illnesses such as measles and whooping cough are investigated, as are other communicable diseases for which an intervention is required to prevent further spread. Cases of meningitis, hepatitis B and gastroenteritis are examples of such illnesses.

The directorate maintains a registry of all cases of notifiable diseases, so that trends and resource needs can be ascertained. Enhancement of this registry by computerization is a major priority of the directorate. This would increase our ability to respond to health emergencies such as epidemics and to monitor the effects of ongoing control programs. The Manitoba Immunization Monitoring System is used in outbreaks of vaccine-preventable diseases to determine the immunization status of people who may have been exposed.

Education and Information

The directorate provides general and specific information to travellers, members of the general public, and health care professionals. Staff of the directorate conduct seminars and lectures for nursing and medical students. Staff members participate in activities of the Community Medicine speciality program at the Faculty of Medicine.

Drug Treatment and Prophylaxis

The Rheumatic Fever Prophylaxis Program provides drug prophylaxis (usually penicillin) at no cost to persons who have had rheumatic fever. Rheumatic fever is a complication of streptococcal infection and prophylaxis is recommended to prevent recurrences.

Prophylaxis is also provided for contacts of meningococcal and invasive *Haemophilus influenzae* infections to prevent these contacts from developing the disease. Drugs may also be provided for the treatment of leprosy since treatment renders patients non-infectious and effectively controls spread of the disease.

Food Protection Operations

Food Protection programs are designed to provide all Manitobans with the highest possible level of protection from unsafe or unwholesome foodstuffs. This objective is accomplished by:

- detecting and controlling microbiological chemical and physical contamination in the production, processing, packaging, marketing and service of all food products
- resolving food related complaints and enquiries
- investigating suspected food borne disease outbreaks and ensuring that appropriate remedial action is taken
- developing and presenting educational programs to the food industry, educational institutions, regulatory agencies and the public
- providing technical support service to the food industry and regulatory agencies
- developing and monitoring food regulations or guidelines and their field application

A general safety and quality assessment service for all food items, equipment and processes is provided, including the investigation of food borne disease outbreaks. Continuing efforts made to improve the reporting and investigation of food borne disease incidents

cooperatively with the related agencies. The prime concern is to avoid further incidents by ensuring that preventive measures are taken by the responsible parties and the necessary food sanitation training takes place. The *HAZARD ANALYSIS CRITICAL CONTROL POINT* concept is emphasized in inspection procedures and in industry contacts.

As food is commonly involved in the transmission of salmonella organisms, responsibility for the epidemiological investigation of reported cases has been undertaken. The designation of field contact persons in this program has resulted in an improvement in the response time and investigation detail. Human salmonella cases have remained static over the last three years.

Although not currently reportable, human *campylobacter* cases have also been investigated by field staff and reports submitted for review. Raw milk consumption is found to be a factor in many instances.

Assistance has also been provided in the investigation of *E. coli* enteritis cases which have increased dramatically this year over last. Extensive public and food industry education activities are being undertaken. Ground beef is the primary source of this organism with person to person transmission now also documented.

In cooperation with the Cadham Provincial Laboratory, arrangements are made to conduct bacteriological and other tests on food samples submitted as a result of i) suspected food borne disease ii) specific complaints and iii) as a part of a monitoring program of potentially hazardous food groups. A consultation and interpretation service in this area is provided. Testing priority is given to the ready-to-eat foods with meat or poultry ingredients. Particular attention was given to ensuring that all reported complaints are investigated fully and that the results are provided to the complainant. Foreign material such as glass, metal and insects in foods are continuing to be reported and preventive measures are ongoing with the food manufacturing and processing industry in an effort to reduce these occurrences.

Special projects were undertaken to:

- determine the incidence of verotoxin-producing *E. coli* organisms in retail ground beef samples
- determine the microbiological quality of bottled water which is processed in Manitoba

Thirty-one rural slaughterhouses were operating in 1988/89, with inspection and approval of animals for health/safety provided under the Federal/Provincial Domestic Meat Inspection agreement. Two poultry plants are also included in this program.

Leadership and direct participation in food industry education programs in cooperation with industry organizations and other control agencies were provided. Both printed and audiovisual materials were utilized. Programs were directed to:

- food service operations
- meat processors
- retail food stores
- educational institutions
- consumer groups

Sexually Transmitted Disease and AIDS Control Program

The goal of this program is to reduce the incidence of sexually transmitted diseases (STD) and their complications. The notifiable diseases under provincial regulations are gonorrhea, chlamydia, syphilis, chancroid and lymphogranuloma venerum. The STD control office is responsible for the surveillance and control of these diseases and for providing health care workers with standards and guidelines for the management of STD. The central registry allows for prompt investigation of cases and their sex partners. It eliminates duplication of services by ensuring that only one jurisdiction is involved with a case or contact person at one time. It also allows for the tabulation of statistical data and for the identification of high risk populations. The information is used in planning and developing appropriate programs and in evaluating these programs.

The reported incidence of gonorrhea in 1988 has decreased by 30% from 1987. Completed data on chlamydia infections in 1988 are available for the first time and the numbers indicate that there are three times as many cases of chlamydia as there are cases of gonorrhea. There is evidence the number of new cases is now levelling off. Contact reports and tracing are among preventive methods used.

Cadham Provincial Laboratory reported a total of 493 positive serologic tests for syphilis. Of these, 128 required some investigation. Newly diagnosed cases of syphilis have remained at the same levels as the previ-

ous year with 25 cases being reported. There was only one case of chancroid reported in Manitoba in 1988 and there were no cases of lymphogranuloma venerum.

Information updates for professionals in the management of sexually transmitted diseases remains a very important activity of the STD control section. Total management of cases and contacts requires the combined efforts of physicians, nurses and laboratory staff. Lectures on the management of the major sexually transmitted diseases were provided to 340 student nurses in the various nursing programs as well as to 140 post graduate nurses. Three courses prepared 64 community and institution nurses in advanced methods of patient interviewing and contact tracing.

The STD control office continues to receive positive laboratory results from all the accredited laboratories in Manitoba. The physicians are then notified by the central office or by the regional office in the region where this work has been decentralized (Winnipeg and Westman).

The Misericordia General Hospital pharmacy distributes drugs for the treatment and prophylaxis of sexually transmitted diseases to all physicians in private practice in the province. These drugs are provided at no cost since treatment and prophylaxis are essential to control the spread of these infections.

The surveillance and control of AIDS and HIV infections are coordinated by this program. The cumulative total of AIDS cases from 1985-1988 is 30 with five cases being reported in 1988 including the first female AIDS case in the province. To date, 172 HIV seropositive infections have been reported by the Cadham Provincial Laboratory. Of the 45 reported in 1988, 5 were identified as female.

In the absence of a vaccine or a cure, prevention activities have been implemented in order to reduce the incidence of HIV infections. The results of the Canada Youth and AIDS Survey, including data collected from youth in Manitoba, was presented in 1988 and contributed significantly in developing targeted prevention strategies.

A working committee representing community-based organizations has begun to prepare a prevention strategies document to be presented for review by the Minister. These recommendations will address prevention strategies targeting street youth, prostitutes and injection drug users.

The coordination of prevention/education activities continued through the year. Programs to provide culturally appropriate education to aboriginal people and immigrant/newcomers continued. In the school system efforts to support curriculum revision and expansion continued. Over 600 school teachers were prepared by Manitoba Education and the Health Education Consultant in the delivery and content of the AIDS curriculum.

The issues of AIDS in the workplace were addressed in a spring forum and workplace guidelines are being developed with the Section of Workplace Safety and Health. Recognizing the critical role that professional organizations, government departments and non-government organizations play in addressing issues surrounding HIV infection, consultations are ongoing and frequent.

A grant is provided to Village Clinic to operate an AIDS information line which is available, toll-free, to all Manitobans.

In the next year we look forward to consultations with the federal government and anticipate the establishment of a partnership to further address the legal, ethical, social and medical management of HIV infections including AIDS.

Tuberculosis Control

The Tuberculosis Control Program is funded, in part, by a grant from Communicable Disease Control to the Sanatorium Board of Manitoba.

Life Saving Drug Program

This program is designed to provide medication to those persons who require drugs for life sustaining purposes but who cannot afford to purchase them. Drugs are provided for persons with cystic fibrosis, diabetes, growth hormone deficiency and a wide variety of other serious diseases.

Immigration

The Federal Government may request that the province consider permitting immigrants who are medically ineligible to enter Manitoba. These cases are reviewed and, following consultation with Manitoba Health Services Commission, recommendations are made to the Immigration department regarding admission.

S.P.A.R. (Special Program for Assistance to Refugees)

Each year, a limited number of refugees with physical or mental disabilities are allowed to settle in Manitoba. Recommendations regarding entry are provided to the Immigration Department by Communicable Disease Control.

Maternal and Child Health Directorate

The Maternal and Child Health Directorate provides leadership in the development, coordination, and evaluation of programs which promote and maintain the health status of infants, children and adults during the childbearing and childrearing years. Programs are developed in the areas of reproductive/preconceptual health, perinatal health, and child health. The directorate provides consultation and support services to departmental staff and community agencies, and participates on committees across jurisdictions and departments.

In all of the program areas, an ongoing review and selection of publications and audiovisual resources used by health, education and social service providers was done. In excess of 700,000 brochures and information sheets on preconceptual, childbearing, and childrearing topics were requested over the past year by health and social service providers, educators, and the public. During the past year, emphasis was placed on identifying resource materials on a range of topics and putting the information in a form appropriate for use within the visually disabled community.

The directorate participated in the implementation of a collaborative two year demonstration project, Shortened Hospital Stay for Low Birth Weight Infants, jointly conducted by Children's Hospital and Family Services of Winnipeg.

Preconceptual Health

The reproductive health promotion program provides information and resources to assist youth and adults to attain and maintain optimal reproductive health. The program components of public awareness activities, community education, individual counselling and clinical services have been maintained.

In-service and consultation to regional staff, school counsellors, educators, and other health professionals were provided by the directorate staff. The reproductive health outreach workers at community health centres in Winnipeg maintained outreach activities in the catchment areas of the health centres.

A province-wide toll-free Facts of Life Line received 13,825 information-seeking calls. Educational presentations to 18,276 people were done by the regional staff of Manitoba Health, who also provided reproductive health counselling to 2,192 individuals. Attendance at departmental Family Planning Clinics was 806 over the past year. In addition, 491 consultations on family life topics were provided by regional staff to other service providers.

The directorate staff maintained an advisory function to an interagency group funded to promote awareness of reproductive health among the public and service providers. An advisory function was also maintained with the reproductive health outreach workers at community health clinics in Winnipeg. Manitoba was represented on a Federal/Provincial Working Group addressing the issue of adolescent reproductive health.

Family planning counselling and family planning supplies continued to be provided through community clinics, and departmental family planning clinics, to those at risk of an unintended pregnancy.

A variety of print resources for women, on the topic of early detection of cervical cancer, was developed; some have been translated into other languages.

Perinatal Health

An antepartum education curriculum for pregnant adolescents was jointly developed by regional staff in collaboration with a community agency, and was made available to other service providers. Revisions in the existing prenatal education resource manual were undertaken and are expected to be completed, upon review by an interagency committee, in 1989/90. Formal prenatal education courses, mounted by regional staff, were provided across the province. In addition, one-to-one prenatal teaching was provided in situations where class attendance was not possible. A survey of all sources of prenatal education, and the number of expectant women attending such classes, throughout the province will be completed by summer 1989.

A total of 75 women with pregnancy-induced hyperten-

sion received community-based care. The average length of stay by a patient on this program was 12 days. Expansion of this antenatal program will be considered in the coming year.

There were 35,895 postpartum services provided to new families and mothers. Shortened hospital stay after delivery continues to be a trend among several hospitals, especially in Winnipeg.

Information is being collected on the incidence of postpartum depression as a basis for collaboratively working with health service providers on needed services.

In cooperation with community agencies, basic prenatal and postpartum information needed by immigrant and refugee women will be identified and translated into the appropriate language.

Child Health

During this fiscal year, a wide range of educational resources were developed by the directorate and distributed for use in child health and parenting programs. A Directory of Services for Parents and Children in Manitoba was also developed and distributed to agencies, educators, health and social service providers, and to the public. Directorate and regional staff participated in community events promoting child health. Regional staff provided parenting education to 2,873 parents, and provided infant and child care teaching to 34,571. Across the province 2,599 Child Health Clinics were held. Vision, hearing, and developmental screening resulted in over 128, 151, and 82 referrals, respectively.

A major child health program,"Nobody's Perfect", which addresses the needs of those parents who are geographically, socially, economically, or educationally disadvantaged was introduced and will be fully implemented within two years. This program was initiated in cooperation with the Federal Health Promotion Directorate, and Northern Nursing of Manitoba Health.

Congenital Anomalies Registry

The surveillance and documentation function of the Registry was maintained and the data is regularly reviewed by the Section of Clinical Genetics, Health Sciences Centre.

Health Promotion Directorate

The Health Promotion Directorate provides leadership in the development of policies and the delivery of programs and services aimed at encouraging positive health attitudes, knowledge and lifestyle behaviors. Together with disease prevention and community care, health promotion is a key component of Manitoba Health's prevention strategy. By focusing on the population as a whole, prevention programs aimed at increasing the proportion of the population that remains well and reducing the severity of illness amongst the rest. A "Partners for Health" policy is in the development stage and will be launched in 1989/90. It will see the development of partnerships with a wide range of government, non-government and private agencies.

Heart Health Promotion

Cardiovascular disease is a major cause of death and disability in Manitoba, accounting for over 9,000 potential years of life lost in 1987 (Manitoba Vital Statistics). The goal of the Cardiovascular Health Promotion Program is to reduce cardiovascular disease-related morbidity, disability and premature mortality in Manitoba.

The major function of the program is to integrate and coordinate cardiovascular health activities throughout Manitoba. To this end, a Healthy Lifestyles Coordinator was hired to develop and extend cooperative "heart health" initiatives within government and external agencies. Typical activities include: liaison with other government and non-government organizations to encourage cooperative "heart health" initiatives; "healthy lifestyle" education in schools provided by public health nurses and health educators; nutrition education to reduce cardiovascular disease risk; cardiovascular health information provided by fitness leaders; and the development of resource materials for cardiovascular health promotion.

Diabetes Education Program

The Manitoba Diabetes Education Program has been operational since 1985. The goals of the program are: to provide persons with diabetes and their families access to adequate education to assist them in making informed choices and behavior changes consistent with a healthy lifestyle; to improve diabetes knowledge, skills and attitudes of health professionals who deliver health care to persons with diabetes; and to facilitate access to

resources for the primary prevention of Type II obese diabetes within the general public.

To accomplish this mandate, 12 community-based Diabetes Education Resource Centres (DERs) have been established throughout the province. These are located in Thompson, Dauphin, Brandon, Portage la Prairie, Carman, Morden, Steinbach, Beausejour, The Pas, Selkirk and Youville Clinic in Winnipeg. There is a Children's DER located at the Community Services Building in Winnipeg, and staffed by a nurse, dietitian, social worker and physician. This DER provides services to children and their families from throughout the province.

At each of the DERs, a registered nurse and registered dietitian provide a comprehensive education program along with reassessments and follow-up. Program standards and protocols have been implemented in each centre and are continuously monitored. A continuing education update program contributes to enhancing the knowledge and expertise of DER staff.

Resource development and liaison with other government and non-government organizations to encourage diabetes awareness and to promote the "healthy lifestyle" message were key activities in 1988/89.

Smoking Reduction

The smoking reduction section continues with initiatives to reduce smoking among children, youth and adults, and collaborates with the public and private sector to develop and implement policies to reduce exposure to second hand smoke.

The primary targets for smoking reduction initiatives are youth and women of childbearing years.

The "Break Free" media campaign conducted in October and November 1988, and January 1989 aimed to persuade young people to be non-smokers.

The Children's Magical Smoking Prevention Show was provided to approximately 8,000 children in grades 4 - 6.

The Manitoba Summer Games was promoted as a smoke-free event. The athletes' village and youth activities were smoke-free. Approximately 17,000 young athletes and managers pledged to remain smoke-free.

National Non-Smoking Week targeted children and tobacco. It was launched at the Children's Museum in January by the Minister of Health who addressed the issue of tobacco use by children.

A "Thanks Mom" prenatal smoking education kit was prepared and distributed to prenatal women during National Non-Smoking Week. All prenatal classes include education on smoking and drug use.

The smoking reduction section continues its cooperative, collaborative efforts with national and provincial governments, and non-government organizations to support and promote initiatives to reduce tobacco use.

Fitness Section

Fitness programs support a number of health promotion initiatives, including the cardiovascular health program. Three lifestyle factors which can reduce the risk of cardiovascular disease are smoking reduction, a healthy diet and exercise. Because exercise provides immediate gratification for individuals and is enjoyable, it can serve as an incentive for other positive health behaviors.

The community mobilization strategy adopted by the Fitness Section has a number of components. The first component is the training and accreditation of fitness leaders to conduct fitness and healthy lifestyle programs in all regions of Manitoba. This program is delivered in cooperation with the University of Manitoba.

The second major component is support for community-based fitness activities such as workshops focusing on healthy lifestyles. The expected outcome is to establish community-based, voluntary activities that promote healthy lifestyles.

Other components of the strategy include supporting small businesses for health promotion in the workplace, developing and distributing posters and fitness promotion materials, and providing expertise to the community.

Nutrition Section

The goal of the nutrition program is to influence Manitobans to improve and maintain their health by establishing healthy eating habits and healthy weights early in life and maintaining these throughout their lives.

Pregnant and postpartum women continue to be a priority for the nutrition program. Strategies include regular prenatal nutrition classes, special prenatal classes for single/adolescent pregnant women and native women,

and prenatal risk assessment for early identification and management of those women at risk of poor nutrition.

To address the needs of the general population, a major new initiative "Towards Healthier Eating", was launched to assist Manitoba Health professionals in providing consistent nutrition information to Manitobans, enhance the overall health of the general public and reduce the incidence of chronic diseases such as heart disease.

"Towards Healthier Eating" is a nutrition education/promotion package consisting of educational tools designed for the promotion of multi-faceted health promotion nutrition programs in either English or French.

It is being used by government staff, teachers and health professionals in non-government agencies and community groups. Users promote healthier eating practices via the media, with individuals and groups in community settings including worksites, recreation centres, restaurants, grocery stores, medical offices, clinics and health institutions.

The educational materials offer a sensible approach to nutrition and the promotional tools give health professionals flexibility to implement programs relevant to community needs.

Elementary school age children and adolescents are also a major focus of education because nutrition habits related to poor health are formed early in life and are increasingly difficult to change later in life.

Future plans include a provincial nutrition survey and the promotion of healthy weights.

Services to Seniors

Services to Seniors provides organizational and community mobilization services to seniors' organizations throughout the province. Services are directed towards the development of multi-service senior centres, support services projects and seniors' health promotion programs at the local level.

There are thirteen operational senior centres in Manitoba, eight in Winnipeg and one each in Brandon, Selkirk, Winkler, Portage la Prairie and Dauphin. Manitoba Health provides operating grants to multi-service senior centres.

Currently, there are 117 community-owned support services projects funded by Manitoba Health, reporting through the Interagency Committee on Support Services to Seniors. This program has the aim of helping older seniors maintain independent lifestyles by providing supports through congregate meals, and various household and personal services.

Services to Seniors provides consultation to a growing number of seniors' organizations to initiate wellness programming. Several health promotion approaches are being explored with local and regional seniors' organizations.

The goal is to help organizations develop a local and possibly regional capacity to promote and support healthier lifestyles among seniors.

As a partner in Discover Choices (Health and Welfare Canada - Health Promotion), Services to Seniors has been distributing materials, supporting the message, and providing organizational development consultation to community groups.

Hearing Conservation Program

The Office of Hearing Conservation is responsible for the development and implementation of the hearing program in Manitoba. This includes such services as hearing screening, diagnostic audiologic assessment, hearing aid evaluation and fitting, and auditory rehabilitation.

The objectives of this program include the prevention of hearing loss whenever possible, early detection and rehabilitation of hearing loss, and the investigation of techniques designed to achieve these goals.

Hearing centres are located in each of the ten health regions and are staffed by a professional audiologist and in some regions, by an audiometrist who assists the audiologist in providing services. All hearing centres are equipped with the necessary diagnostic equipment to assess hearing sensitivity and evaluate hearing aid performance. In addition, portable test equipment is available to provide assessment services at locations outside the centre. Audiometers are loaned to local school divisions to conduct annual screening in kindergarten and grade one.

The major clinical activity of the Hearing Conservation program has been the provision of hearing screening services and diagnostic assessments for all age groups. During this fiscal year, 36,704 children were screened for potential hearing problems and about 8.7% were

found to have hearing loss which required further assessment and/or medical treatment. In addition, 14,289 persons (all ages) were seen for diagnostic audiologic evaluation with 8,641 found to have some degree of impairment.

Preschool and school age hearing impaired children are assisted by Manitoba Health through the loan of specialized F.M. assistive listening devices for use in the classroom to allow full participation in public school programs.

The Office of Hearing Conservation, in cooperation with the Manitoba Speech and Hearing Association and Manitoba Environment, Workplace, Safety and Health, continues to coordinate and provide curriculum materials, training and supervision for the Industrial Audiometric Technician (IAT) course. This was offered twice in the past year to a total of 32 individuals. Hearing conservation staff also offered consultation to implement the provincial regulation regarding noise control in the workplace.

Lectures and workshops specific to hearing, hearing impairment, hearing aids and noise control were presented upon request to physicians, nursing staff, students, teachers, other professionals and community groups.

Manitoba Health continues to provide funding in the form of a grant to Winnipeg School Division No. I to obtain audiology services from the Child Guidance Clinic. These services are similar to those operated in other school divisions in the province.

A grant to support a "Voice-Out" telephone exchange for the deaf, operated by disabled residents of Luther Home, was discontinued as the Manitoba Telephone System implemented a similar message relay system throughout Manitoba.

In cooperation with the Winnipeg League for the Hard of Hearing, funding was provided for the continuation of lip-reading classes for hearing-impaired adults at the Kinsmen Centre in Winnipeg.

Special opportunity bursaries in audiology continue to be available through the Hearing Conservation program. Upon completion of their study program, bursary recipients are available for employment with Manitoba Health.

The Westman Elks Preschool Auditory Rehabilitation Program continues to provide services for hearing-impaired preschool children in the Westman region. The program promotes a team approach to individualized rehabilitation designed to meet the unique needs of each hearing impaired child.

Hearing Conservation continues to administer and develop the High Risk Register for Infant Deafness. Approximately 600 infants are identified annually for audiologic assessment.

Office of Continuing Care

The philosophy of the Continuing Care Program is that individuals are more likely to maintain health and well-being in the familiar environment of their own home. It is therefore considered preferable for individuals to remain at home providing that the necessary resources can be made available. Care in a facility becomes appropriate when the resources of the person, family, community and program cannot sustain an individual in the home. Manitoba's Continuing Care Program is internationally recognized as one of the most effective in Canada, and has served as a model for programs in Canada and the United States.

The Continuing Care Program has two major components: the Home Care Program and the assessment for placement into personal care homes. Home Care is provided to those people who might otherwise require institutionalization. This program supplements, rather than replaces, the efforts of family and the community by providing a range of services based on an assessment of individual needs. These services can help to prevent the premature placement or overstay of persons in care facilities such as hospitals or personal care homes, thus preventing the over-utilization of those facilities. Personal care home placement is activated when community care for an individual is no longer viable.

The program is centrally coordinated through the Office of Continuing Care which has province-wide responsibility for policy implementation, program direction and management including the establishment and maintenance of program standards, staff development, monitoring and evaluation, and liaison with other components of the health care system.

Service delivery is decentralized through the regional offices and sub-offices of Manitoba Health and through five designated rural health centres. There are also four Winnipeg Hospital Home Care offices which have re-

sponsibility for coordinating special cases. In Winnipeg, the Victorian Order of Nurses have responsibility for coordinating and delivering short-term services of up to 60 days duration.

Part of the mandate of the Continuing Care Program is to monitor its impact on the target population and the health care delivery system. Annual caseload reviews are conducted by each region as part of the monitoring (auditing) process. The Regional Continuing Care Coordinator in each of the ten provincial regions is instrumental in formulating and organizing the review in consultation with the Office of Continuing Care staff, who attend the reviews, and ensure increasing consistency of program eligibility and principles across the province.

As a result of the major external review of the Continuing Care Program carried out in 1987/88 by the Price Waterhouse consulting group, an Implementation Committee was appointed in November 1988. The committee's terms of reference include: further analysis as indicated by the recommendations contained in the review's report; coordinating the implementation of recommendations relating to administrative and operational efficiency and effectiveness; receiving written reports and presentations from interested individuals and external agencies wishing to submit comments on the report; considering any recommendations contained in the aforementioned submissions and advising the Minister of Health on the impact of those recommendations; documenting and justifying all resource requests prior to review by the Minister of Health; advising the Minister of Health on policy changes, new policy, and expansion or retraction of program mandate; and monitoring the implementation of approved recommendations including the development of time frames and detailed work activities. The implementation of recommendations addressing administrative and operational issues was completed in 1988/89.

A major review of the Victorian Order of Nurses and its role in the Continuing Care program was conducted in the fiscal year 1988/89. The Review Committee was chaired by the Director of Continuing Care and included representations from Internal Audit, Agency Relations, Regional Program Management, a Winnipeg hospital and the academic community.

The proposed two-year pilot project on Self-Managed Care remains under active consideration pending the resolution of questions relating to employment, liability and Federal/Provincial cost-sharing responsibilities. The FOKUS and HIDI projects of the Continuing Care Program continue to provide home support/home care attendants and orderly service to groups of disabled adults living in individual, specially modified apartments.

In the past year, staff from the Office of Continuing Care have been involved in federal/provincial working groups, one pertaining to Home Care and one on Client Classification Systems. They also planned activities to address service needs for HIV infected clients, and community based services for children with complex care needs. Staff members continue to participate in various departmental, interdepartmental and agency committees.

This year has seen a continued change in the service patterns of the Continuing Care Program, with an increased emphasis on the provision of more complex care. The development of more government operated community services has led to a current decline for Home Support services and a corresponding increase in demand for other services. However, it is expected that the demand for Home Support services will steadily increase as new clients enter the program with more highly complex care needs and existing clients continue to age.

The program is placing greater emphasis on the use of community therapists to assess client functioning so that a client's independence level can help shape the care plan. The average monthly number of people receiving therapy throughout 1988/89 was 557, compared with 464 the previous year - an increase of 20%.

The personal care home component of the health care system provides care appropriate to those people who cannot remain safely at home with support from the Continuing Care Program, and whose needs do not require the more expensive services of an acute care hospital.

Dental Health Program

The goal of Dental Health is to achieve an improvement in the oral health of all Manitobans through preventive and treatment programs. This involves four major activities: dental treatment, use of effective dental public health measures, dental health promotion and education, and research into dental public health problems. Dental Health is administered through district offices in

Winnipeg (Eastern District) and in Brandon (Western District).

The Children's Dental Program offered dental treatment services to 50,413 children ages 6-14. In the areas covered by the Children's Dental Program, all children aged six to 14 are eligible, with the exception of Portage la Prairie and Thompson where only children aged six to 10 years are eligible.

The only areas not included in the treatment component of the Children's Dental Program are the cities of Winnipeg and Brandon. Brandon children receive the preventive component.

Children eligible to receive treatment under the program are assigned according to their residency to one of the two modes of treatment program delivery. The Manitoba Dental Association provides for approximately half of the dental treatment on a fee-for-service basis using private practice dental offices. This program showed an average 72% utilization rate during the year. Manitoba Health's program provides school-based services utilizing dentists, dental nurses and dental assistants. This school-based dental program continues to remain consistent at a utilization rate of 83% of eligible children in all age levels. Additional statistical data on the delivery of the Children's Dental Program by the Manitoba Dental Association is contained in the Statistical Appendix.

A comprehensive preventive dental program in schools is directed to students from kindergarten to Grade 8. Students in the primary grades (Kindergarten to Grade 3) participated in the Daily Brushing Program at a greater frequency than students at the higher grade levels. Dental health education programs above the Grade 8 level are provided on a request basis. Schools are encouraged to participate in the Weekly Fluoride Rinse Program to include all Kindergarten to Grade 12 students. In addition, a Kindergarten Preventive Dental Program was offered to kindergarten children enrolled in school based, dental nurse delivery areas. The preventive programs are offered to all school divisions outside the City of Winnipeg. There are currently 71,099 children eligible for the preventive dental programs, classroom education, weekly fluoride rinse and daily brushing sessions offered by Dental Health.

Dental Health provides public health/preventive programs to senior citizen centres, to centres for the mentally handicapped and to child day care centres. Educational services are also provided to prenatal and postnatal classes, career days in schools, parent meetings, preschoolers, informational seminars, and teacher in-services. Staff are actively involved in educational activities in conjunction with Dental Health Month.

During this fiscal year, Dental Health provided funding for special grants to the St. Amant Centre, the Churchill Health Centre and the Swampy Cree Tribal Council in Northern Manitoba. The Branch also continued to operate the Water Fluoridation Program in 67 communities representing 95% of the population using a public water supply. This program involves providing technical assistance to communities to maintain the correct level of fluoride in the water supply and in addition, provides funding to communities to purchase fluoridation equipment. Austin and Winnipegosis received funding to begin fluoridating in 1988/89.

Environmental Health Services

The Environmental Health Services Program is primarily concerned with the assessment of the effects of environmental factors other than organisms, on human health. This is accomplished by facilitating the development of programs designed to monitor, control and regulate environmental factors that may affect the health of Manitobans. Response to health concerns involves gathering and disseminating information on environmental health matters, collecting and tabulating numerical and epidemiological data, and subsequently determining the health risks involved. These risks come from substances in the atmosphere, soil, food, water and those resulting from the physical environment such as radiation, indoor air, temperature and noise.

An information pamphlet identifying health concerns associated with "Cadmium in Moose, Elk, Whitetail Deer, Caribou and Black Bear" was developed in consultation with the Departments of Tourism, Environment, and Natural Resources. This was distributed primarily to those members of the public actively engaged in sport fishing and upland game hunting. A health advisory mailing to all ice arena operators in Manitoba was carried out to alert them to the need to control the carbon monoxide levels in the arena. In consultation with Manitoba Energy and Mines and other departments, a pamphlet entitled "Citizen's Guide to Radon" is being developed. As well, in concert with Health and Welfare Canada, an information sheet "Drinking Water Away from Home" was made available to the public.

Environmental Health continued to provide technical guidance related to the treatment and disposal of sewage. In addition, staff provided consultation on such matters as accidental chemical and sewage spills into rivers used as community water supplies, lead in soil and vegetables, polychlorinated biphenyl (PCB) spills, health concerns associated with radon, and the accidental discharge into the air, water or soil of other hazardous material.

The director provided assistance and advice to Workplace Safety and Health in the capacity of the Provincial Chief Occupational Medical Officer for the early part of the year.

The staff provided technical advice for the department through participation on committees dealing with such subjects as swimming pool regulations, drinking water quality, bathing beach and recreational water monitoring, civil technology curriculum reviews, the transportation of dangerous products, and indoor air quality of radon gas in homes.

Environmental Health Services continues to be the liaison between Manitoba Environment, Workplace Safety and Health, and Manitoba Health.

Environmental Health staff were requested to evaluate and comment on numerous submissions made to Manitoba Environment concerning approval to dispose of waste by-products into the air, soil and water. Technical reviews were completed, and reports were submitted which assessed the impact on public health. Staff were requested to be in attendance at Clean Environment Commission hearings to provide evidence on environmental matters related to mining, agriculture, air pollution, municipal sewage treatment, and industrial hazardous products handling as they relate to public health.

Health Care to the North

The responsibility to provide health care services to northern communities which are distant from major medical centres, is divided between Manitoba Health, and Medical Services, Health and Welfare Canada in accordance with a 1964 Memorandum of Agreement.

This agreement designates:

a) communities with a majority Status Indian population to federal jurisdiction for the provision of clinical and community health services,

b) communities with a majority Non-Status Indian and Metis population to provincial jurisdiction for the provision of clinical and community health services.

Manitoba Health provides primary care and public health nursing services in 24 northern and remote areas in the Thompson, Norman, Interlake, Eastman and Parklands health regions where access to other medical services and facilities is limited.

The primary objectives of the program include the provision of early diagnosis, treatment and follow-up of disease through primary care clinics and 24 hour emergency/first aid services, as well as services emphasizing disease prevention and health promotion.

In this fiscal year, a series of health information sheets were completed on a variety of disease prevention and health promotion topics. While the information sheets were originally designed for use with individuals of native ancestry, they have the potential to benefit other individuals whose first language is not English.

It is anticipated that in the next fiscal year, discussions will continue with representatives of the federal government and representatives from native organizations relative to the movement towards increased local control of the administration and delivery of health care services by Indian communities in Manitoba.

Office of the Provincial Gerontologist

In 1988/89, the Provincial Gerontologist provided advice, consultation and information related to policy and programs to senior departmental and governmental staff, community organizations, educators and the general public.

The Provincial Gerontologist is able to call upon liaison officers appointed by each provincial department, appropriate commissions, and crown corporations to deal with interdepartmental issues related to aging.

The Interagency Committee on Support Services to Seniors (IACSSS), chaired by the Provincial Gerontologist, was formed as a result of concerns for the supported independence needs of our older population. This committee has representation from the following provincial departments: Health including the Manitoba Health Services Commission, Housing, Family Services, and Highways and Transportation as well as Health and Welfare Canada - New Horizons. IACSSS has been established as the source to provide funding to encourage related initiatives at the community level. The agent or service provider applying for project funding may be an existing board or agency, a newly established group, or a federation of existing agencies and philanthropic community groups. Flexibility in policy allows for variations in communities and promotes a sense of local ownership, a commitment to local initiatives and the use of volunteers from existing support services. The program exemplifies the partnership between government and community to provide services to our senior population.

During 1988/89, Community Resource Councils in 31 communities coordinated existing services and developed new services. Seventy-five meal programs provided a combination of congregate meals, heat-and-serve meals, take-out meals and escorts to meals. Seven elderly persons' housing projects hired tenant resource coordinators to facilitate the delivery of services within the units and to work with the tenants in establishing new services. Four communities hired volunteer coordinators to recruit, train and supervise volunteers in the delivery of various services.

The Manitoba Council on Aging, composed of 15 members, reports to government through the Provincial Gerontologist. The Council ensures that public participation is reflected in the gerontologist's function and in relevant government programs.

The Council, at the request of the Minister, is monitoring the implementation of the 174 recommendations put forward from the 4th Manitoba Conference on Aging (1985).

The Manitoba Senior Citizens' Handbook is distributed throughout the province and is available in French, German and Ukrainian translation.

Research and Planning Directorate

The Research and Planning Directorate, established in 1982, consolidates research and planning for Manitoba Health and the Manitoba Health Services Commission. The directorate:

- serves on the Council and the Social and Behavioural Scientific Review Committee of the Manitoba Health Research Council.
- reviewed and provided priority ratings for Manitoba grant submissions to Health and Welfare's National Health Research Development Program. The directorate also serves on the Federal/Provincial Health Care Management Committee of Health and Welfare's National Health Research Development Program.
- chaired the Steering Committee for the External Review of the Continuing Care Program; it also served in a liaison function between the steering committee and the consulting firm. Price Waterhouse was awarded the tender and conducted the review from October 1987 to January 1988. The final report was received in May, 1988 and contained 53 recommendations.
- conducted a review of Manitoba Health's Child and Adolescent Mental Health Services which contained 53 recommendations.
- reviewed provincial obstetrical and neonatal utilization patterns and completed a national survey of Canadian teaching hospitals' early discharge programs.
- provides staff support to the Review of Rehabilitation Services, to be undertaken by Dr. William MacDiarmid. This ministerial review has been established to review and make recommendations on the issues of unequal access to rehabilitation services, especially in rural Manitoba; the shortage of qualified professionals (including physiotherapists, occupational therapists, speech therapists and audiologists); and, how to improve service delivery.
- provides baseline and current data related to health occupations for senior department officials; develops recommendations for policy, programs and positions relative to health occupation requirements and supply conditions; and produces status reports on both interprovincial and federal/provincial health occupation topics.
- serves as the Manitoba Health representative to the Federal/Provincial Advisory Committee on Health Human Resources (ACHHR). This is an advisory committee to the Conference of Deputy Ministers of Health on issues related to health occupations.
- chairs and provides staff support to the Working Group on the Establishment of a National Physician Data Base, which reports to the Federal/Provincial Advisory Committee on Health Human Resources. This group is responsible for the development of a national physician data base which would permit interprovincial comparisons of physician supply, distribution and practice patterns. The first report from the data base will be made to the Spring, 1990 Conference of Deputy Ministers of Health.
- continues to support the HEALTHLINE telephone tape library administered by Luther Home. The HEALTHLINE tape selections may be found in Winnipeg and Manitoba telephone directories (prior to the government listings section). During 1988/89 HEALTHLINE tapes used frequently by the public were translated in French. Such tapes will be identified in the revised telephone directories (e.g. June 1989 for Winnipeg).
- conducts collaborative research in geriatric medicine with practitioners and the University of Manitoba.

During 1988/89, 16 health care demonstration projects were funded for a total of $1.7 million. Each project included an evaluation component and was designed to demonstrate the efficacy of substituting not-for-admission procedures for those procedures currently done on an in-patient basis.

These demonstration projects included:

- Shortened Hospital Stay for Low Birth Weight Infants
- Early Discharge Surgical program
- Centralized Day Surgery Unit
- Community-Based Crisis Management Service for Mentally Ill Adults
- Psychoeducational Program for Families of Schizophrenics

- Review of Diagnostic Services
- Urinary Incontinence Program
- Provincial Home Parenteral Nutrition Program
- Analysis of the Necessity of Sputum Cytological Examination
- Palliative Care Supports
- Immigrant/Refugee Health Outreach
- Cost Containment in Adult Medical Intensive Care Units
- Occupational Therapy Transitional Care
- Discharge Planning Model
- Admission and Discharge Program
- Analysis of Provincial Hospital Separation Abstracts using Diagnostic Related Groups

All projects provided progress reporting during 1988/89. Results appear promising. Final documentation of outcomes will be made during 1989/90. Results will be published after the projects are completed.

Health Advisory Network

During December, 1988 the Minister of Health announced the creation of the Health Advisory Network. This ministerial advisory committee has begun its cooperative approach to develop action-oriented health care recommendations. Topics of health care organization, administration and financing will be reviewed.

The Health Advisory Network consists of a steering committee which will establish a number of task forces. The invitation to participate was extended to individuals on the basis of their background and experience, not as board delegate or professional association representative. The steering committee membership (fourteen) is as follows:

Dr. Arnold Naimark, Chairman
Mr. W. John Bulman
Mr. Laurent Desjardins
Dr. Helen Glass
Dr. John Horne
Ms Mildred Murray
Mr. Lloyd Shelvey
Dr. Jack Armstrong
Ms Marguerite Chown
Ms Eleanor Giffin
Mr. John Green
Mr. Frank Maynard
Sr. Jacqueline St-Yves
Mrs. Flora Zaharia
Mr. Brian Gudmundson (Executive Secretary)

Three task force groups were formed in March, 1989. Each will review a specific topic and provide action-oriented recommendations. These topics include:

1. Teaching Hospitals Cost Review
2. Winnipeg Hospitals Role Definition
3. Extended Treatment Bed Review

Other task force groups will follow. Task force groups and the steering committee will seek input from the community during their deliberations.

Mental Health Division

The past year was one of significant development for the Mental Health Division. In October of 1988, Cabinet approved proposals for a major reorganization of the division. Under the leadership of the Assistant Deputy Minister, the division is now structured in two Branches: Mental Health Programs and Mental Health Services. Each branch is overseen by an executive director.

As in the past, the Chief Provincial Psychiatrist reports to the Assistant Deputy Minister as well as the Deputy Minister of Health. The Brandon and Selkirk Mental Health Centres, Child and Adolescent Mental Health Services, Forensic Services, and Regional Mental Health Services are all contained within the Mental Health Services Branch. Three new Directorates: Promotion and Prevention Services, Rehabilitation Services, and Clinical Services report to the Mental Health Programs Branch.

With restructuring, the Division has formalized its mandate as the Province's sole responsibility centre for mental health care delivery. The responsibilities of the Assistant Deputy Minister now include

- Overall policy, planning and fiscal accountability of all components of the mental health system funded by Manitoba Health including: regional mental health services; provincial mental health centres; mental health services provided by personal care homes and hospitals; medical personnel (general practitioners and psychiatrists); and external agencies.
- Coordination of mental health initiatives and mental health public policy among Manitoba Government departments, boards, agencies and commissions, where complimentary services are provided and which are essential to achieving the objectives of the Mental Health program.

In addition to reorganization, a number of new initiatives were taken during 1988/89. Among these:

- Six new projects were initiated: Acute Treatment and Consultation Team - Children and Adolescents, Youth Suicide Information Centre, Mobile Crisis Team, Psychogeriatric Team, Multidisciplinary Team Enhancement - Winnipeg, Multidisciplinary Team Enhancement - Parklands.
- In accordance with amendments to the Mental Health Act, the Mental Health Review Board was established. The board will hear appeals regarding any aspect of the admission or treatment of a patient in a psychiatric facility.
- The Crisis Stabilization Unit, a centre for chronically, psychiatrically disabled persons experiencing crisis, completed its initial demonstration phase. Preliminary evaluations are positive.
- Developmental work for the establishment of a Mental Health Management Information System was undertaken. Intended as a tool for both clinicians and planners, the secured system will collect admission, discharge, registration, and basic clinical data across the entire mental health system.
- The process of establishing Regional Mental Health Councils in each health region was initiated. These councils will ensure broad citizen participation in needs identification, planning and resource management.

Office of the Chief Provincial Psychiatrist

The Chief Provincial Psychiatrist is responsible for the administration of the Mental Health Act and provides professional consultation services to other departmental divisions regarding the delivery of mental health services.

The Chief Provincial Psychiatrist maintains a staff appointment with the Department of Psychiatry, Faculty of Medicine, University of Manitoba. This ensures an important linkage between the academic community and mental health services.

During 1988/89 the Chief Provincial Psychiatrist continued to receive requests to place persons with mental disorders under supervision, in accordance with Section 26.12(1) of the Mental Health Act.

Mental Health Programs Branch

This branch is responsible for the overall coordination and planning of an integrated mental health system, comprising both hospital, institutional and community services. It has responsibility for ensuring that all individuals and organizations involved in the mental health system - including service providers, community agencies, professionals, consumers and families - have the opportunity to participate in mental health planning. This branch is also responsible for the development and

monitoring of quality assurance standards, and for ensuring that a full range of services is available in all regions of Manitoba.

Mental Health Programs are organized under three directorates: Promotion and Prevention Programs, Rehabilitation Programs, and Clinical Programs. The executive director supervises the three directorates and provides the essential program direction and consultation to the Mental Health Branch.

The Promotion and Prevention Programs Directorate provides leadership and policy direction in the development of promotion/preventive mental health programs.

The Rehabilitation Programs Directorate provides leadership and policy direction, program development, and evaluation of all rehabilitative and psycho/social programs in mental health. During 1988/89, this directorate oversaw enhancements to the regional mental health teams in Parklands and Winnipeg regions, enhancements which will assist long-term, residential psychiatric patients to relocate to the community.

The Clinical Programs Directorate provides leadership in policy direction, program development, impact assessment, standards development and evaluation of clinical programs in mental health. During 1988/89, this directorate oversaw the development of two major programs. The Psychogeriatric Program in Central region will provide needed services at the local level to elderly persons experiencing psychiatric disorders. The Mobile Crisis Team, based in Winnipeg, will provide emergency and case management services for persons experiencing psychiatric crisis.

Mental Health Services Branch

The Mental Health Services Branch oversees program management of all Regional Mental Health Services, and has direct management responsibility for the Brandon and Selkirk Mental Health Centres, Forensic Services, and Child and Adolescent Mental Health Services. The regional directors of Health and Community Services report directly to the executive director on regional mental health service delivery. As well, the executive director is responsible for resolving operational issues and coordinating service delivery, with the heads of Psychiatry, and the administrators of personal care homes delivering mental health services, and community agencies.

Regional Mental Health Services

Mental Health Services are delivered by multidisciplinary teams at a number of locations across the Province, through Regional Health offices. The goal of Regional Mental Health Services is to assist clients in reaching their highest level of functioning and integration within their own communities. Clients include persons at risk of developing psychiatric disturbance, those with active mental health problems, and the post mentally ill.

The community mental health teams provide comprehensive assessment, consultation, crisis intervention, direct treatment, follow-up and community education to individuals throughout the province. The program is also involved in the planning, development, and maintenance of community residences, independent and group living programs, foster homes, respite care, and day programs.

Forensic Services

Adult Forensic Services is located in the Pincock Building at the Health Sciences Centre. Psychiatric Services are provided to individuals referred by the Courts and Probation Services. Treatment is provided on an inpatient and outpatient basis. In June of 1988, two new psychiatrists were recruited on a part-time basis to provide psychiatric service to inmates of provincial correctional institutions.

In addition to providing psychiatric services, Forensic Services is involved in education and research activities, in collaboration with the Health Sciences Centre/University of Manitoba. During 1988/89 this role continued to grow and receive recognition.

The new Health Sciences Centre psychiatry building, expected to open in the spring of 1992, will bring new and exciting developments to Forensic Services. The new building will contain a 20 bed secure inpatient unit specifically for forensic patients. As well, the administrative and outpatient functions of Forensic Services will be housed in the new building. Planning and reorganization for this development will be a major focus in Forensic Services over the upcoming year.

Child and Adolescent Mental Health Services

The mandate of Child and Adolescent Mental Health Services is to promote access to comprehensive and equitably distributed mental health services for psychiatrically disturbed children, adolescents and their families, as close to the community of origin as possible.

The goals are: to promote the mental health of children and adolescents through the education of professionals and the public; to coordinate and deploy the services of the limited number of child/adolescent psychiatrists in the province; and to promote and maintain standards and quality assurance measures for client care, through program review and evaluation.

Child and Adolescent Mental Health Services trains non-medical professionals for deployment to all regions of the province through the six month training program "Advanced Certificate in Community Child/Adolescent Psychiatry". Participants receive their clinical experience at specialized child psychiatry units and once graduated, provide specialized mental health services in the absence of child psychiatrists in rural and northern Manitoba. In 1988 the program provided a Child and Adolescent Mental Health Worker (C.A.M.H.W.) for both Thompson and Eastman regions; and three others for the Manitoba Adolescent Treatment Centre.

Child and Adolescent Mental Health Services deploys psychiatrists to the Winnipeg Child Guidance Clinic, the St. James Educational Support Services, and Winnipeg Child and Family Services agencies. As part of a multidisciplinary team, these psychiatrists provide assessment and treatment, consultation and professional education to the team and other professionals in the community.

The unit also provides assessment and treatment to children and adolescents involved with the law as a result of their psychiatric problems. Children's Forensic Services is located at the Manitoba Youth Centre.

Child and Adolescent Mental Health Services has maintained active involvement with the "Federal Working Group on Mental Health Issues of Children and Youth". This group has completed its first draft report which is being discussed and considered with reference to the federal paper "Mental Health for Canadians: Striking the Balance".

The unit has also continued its involvement and support of the committee comprised of medical and non-medical representatives of all the child/adolescent psychiatric services in Winnipeg, "CoCAPS" (Coordination of Child and Adolescent Psychiatric Services). This interdisciplinary group held its first Annual Meeting on March 17, 1989 and has developed a five year plan focusing on the following goals: service, training, research and community liaison. In conjunction with the Canadian Mental Health Association, a needs assessment survey was developed and distributed to mental health consumers and service providers. CoCAPS introduced a mandatory educational component in community child psychiatry for medical students at the undergraduate level and the allied disciplines. Their research committee is emphasizing acquiring knowledge which can be applied immediately to improving the delivery of clinical services.

Child and Adolescent Mental Health Services staff continue active involvement in mental health promotion and prevention through speaking to various professional groups, the public, public school classes and undergraduate classes at the university and responding to requests for written information.

The unit is actively involved in the Suicide Prevention Intervention Network (SPIN) which fosters its mandate of suicide prevention through workshops and ongoing training of teachers and other professionals in the school system.

Child and Adolescent Mental Health Services has been developing two new programs: the Acute Consultation Treatment Team for Children and Adolescents, a small multidisciplinary team of mental health professionals to provide acute treatment to children, adolescents and families, and consultation to community care givers; and the Youth Suicide Information Centre, a provincial wide service designed to reduce the number of youth suicides by providing public and professional education and assisting communities to develop suicide prevention programs.

Selkirk Mental Health Centre

Selkirk Mental Health Centre provides psychiatric inpatient and outpatient treatment to the residents of Interlake, Eastman, Thompson, Norman, and Winnipeg regions, and adjacent areas of Central Region. The total population of these regions is in excess of 900,000. Outpatient services consist of outpatient treatment, and

consultation services to all regions as well as itinerant treatment services to Interlake Region and a wide range of community mental health services to the Selkirk District.

Selkirk Mental Health Centre has three active inpatient units. The Selkirk Psychiatric Institute (S.P.I.) provides assessment and acute treatment for patients from all geographic areas served by the centre. Patients referred from the Winnipeg acute care psychiatric units and Forensic Services are assessed at S.P.I.

The Reception Unit serves patients who require longer term intensive treatment and rehabilitation. The specific programs are rehabilitation/life skills, behavior therapy and intensive psychiatric care.

The Infirmary Unit provides short term medical treatment for physicial problems to psychogeriatric patients from other units.

Treatment services in all units are provided by multidisciplinary treatment teams consisting of Psychiatry, Psychology, Occupational Therapy, Psychiatric Nursing and Social Work staff as well as other support staff (Chaplaincy, Pharmacy, Clinical Records).

Changes in the centre's system of delivery of patient services occurred during 1988/89. The centre reorganized treatment services from a geographic team concept to program services under the following program units:

1. *Admissions/Assessment Program*

   For short term patients requiring admission, assessment and acute treatment. Treatment staff maintain working relationships with relevant community care givers to ensure continuity of care.

2. *Behaviour Therapy Program*

   For patients requiring a specific modification in behaviour.

3. *Rehabilitation/Life Skills/Domiciliary Care Program*

   For long term patients requiring social skills/life skills training as well as longer term supervised care.

4. *Intensive Psychiatric Care*

   A secure area in which intensive short term programs are provided for individuals who may be harmful to themselves or others.

5. *Psychogeriatrics Program*

   For elderly patients whose physical and mental condition requires specialized assessment and care to maintain and enhance their quality of living.

The Canadian Council on Health Facilities Accreditation surveyed the centre's medical services in March 1989 and awarded the centre the full three year accreditation status.

The School of Psychiatric Nursing received a four year award as a result of an approval process carried out under the direction of the Registered Psychiatric Nurses Association of Manitoba. Curriculum changes in response to the approval process have been accepted favorably.

Selkirk Mental Health Centre has been accepted as a site for rotation of second year psychiatric residents for the University of Manitoba Post Graduate Training Program in Long Term Psychiatric Care. The first resident is expected to commence next year.

The centre was involved in a special project June to September 1988 in collaboration with the Manitoba Health Services Commission. During the renovation to the McEwen Psychiatric Unit at St. Boniface General Hospital during this time, S.M.H.C. accepted 17 patient transfers from the Winnipeg psychiatric unit, with 14 remaining by mutual agreement on completion of renovations.

Attracting professional trained occupational therapists is a continuing challenge. Patient Employment was renamed the Vocational Incentive Program to recognize a new approach to patient employment experience. Volunteer Services has developed during the past year with a number of quality volunteers under the direction of the part-time Coordinator of Volunteer Services.

Patients held involuntarily under the office of the Lieutenant-Governor continue to be treated at the centre, with ongoing initiatives in conjunction with the Board of Review to facilitate community placements in Selkirk and Winnipeg.

Major changes in the Mental Health Act to admission procedures, patients' rights and legal status, and the formation of Review Boards, had important implications for patients, and for the work of treatment and clinical records staff. In addition, over the year centre staff prepared for their new responsibilities under the recently proclaimed Freedom of Information Act.

Following a review of community mental health services required by Selkirk and district, the multidisciplinary team was expanded during 1988/89.

A radio operated Assistance Alert System was installed and made operational during 1988/89. This is a communication and response system for staff requiring emergency assistance in situations where their safety is at risk.

A successful challenge of the charter of the Provincial Elections Act gave Manitoba mental health centre patients the right to vote on April 26, 1988. Subsequently, for the November 21, 1988 Federal Election, another successful court challenge to the "disqualification" of compulsory mental patients, enabled all patients to vote. The eligibility to vote by all patients will now be standard in both federal and provincial elections.

Brandon Mental Health Centre

The Brandon Mental Health Centre provides a broad spectrum of mental health services to South Western Manitoba, an area comprised of 210,000 residents in Westman, Parklands and the western half of Central Region. These services include residential care and treatment of acute, medium, and long-term patients, plus adult day treatment and follow-up programs. The centre also offers Community Mental Health Services to Brandon and its surrounding municipalities through its Child and Adult Outpatient Departments and Adolescent Day Program.

1988 was a busy and productive year for B.M.H.C., one which saw a number of important changes in the Centre's physical plant and program delivery.

Major achievements included the May 1988 opening of the newly constructed Rideau Park Personal Care Home. The relocation of 100 elderly long-term patients to that facility occurred smoothly with extensive cooperative planning and coordination by various departments and staff. The move resulted in various changes within the centre, including the closure of three wards.

The closure of the B.M.H.C. Laundry in 1988 and the opening of the Westman Central Laundry on the Brandon General Hospital site also required staffing adjustments.

A hospital-wide Quality Assurance Program has been implemented and a Risk Management Program is in the process of being formalized.

A survey of the Occupational Therapy and Adjustment Services Department by the Canadian Association of Occupational Therapy, resulted in a five year accreditation for field work status. This enables the provision of field work training for students from various schools of O.T. in Canada. For 1988, field experience of four weeks was provided to four O.T. students from the University of Manitoba, and eight weeks experience was provided to four O.T. interns from various Canadian universities.

A survey conducted by the Canadian Council on Hospital Accreditation in September 1988 awarded two year accreditation status to B.M.H.C. The Council highly commended the Centre's programs for delivery of care, the holistic approach to patient care, and the dedication of the staff, despite the shortage of staff resources.

The shortage of psychiatrists continues to pose challenges for the centre. Response measures have included controls on admissions and more stringent screening. This situation continues to be addressed through ongoing recruitment efforts.

The centre's School of Nursing also had a very challenging and successful year. Three major interconnected projects were accomplished at the school during the year: a new conceptual framework applying the McGill Model of Nursing Practice; a new curriculum design based on several years of comprehensive development and consultation; and the achievement of the maximum four year program approval, as regulated under the Registered Psychiatric Nurses Act of Manitoba.

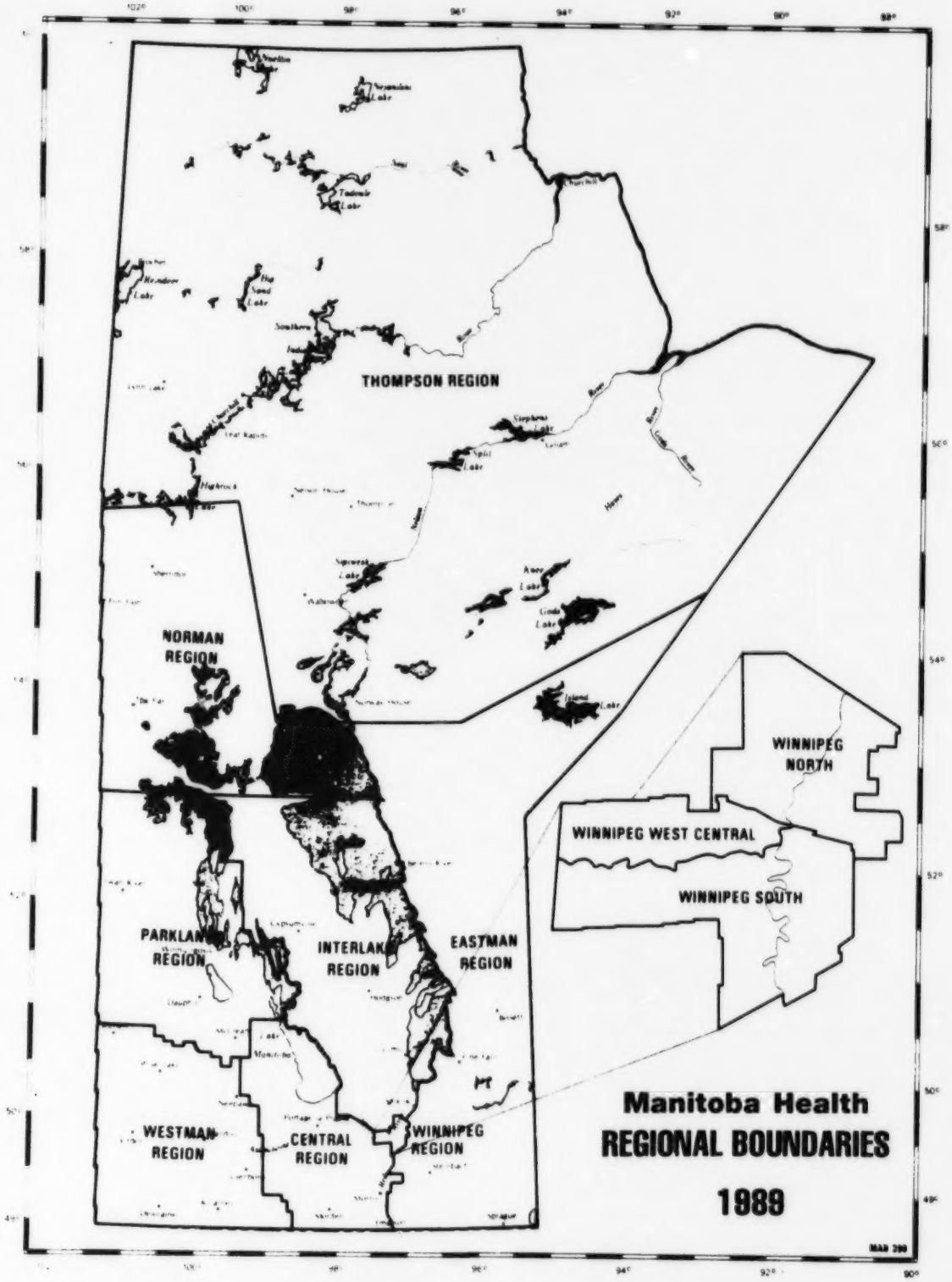
The proclamation of Bill 59 and its changes to the Mental Health Act in March 1988, challenged medical, nursing and other staff to respond quickly to the new provisions of the Act. The enactment of Freedom of Information Legislation has also created new challenges, as have recently introduced personnel related programs such as Pay Equity, Affirmative Action, and Compressed Work Week for selected staff.

This year for the first time in Canadian history, patients in mental hospitals were empowered to vote in a federal election. B.M.H.C. staff were involved in educating patients in the electoral process and the patients also had the opportunity to attend an "all candidates" meeting.

While the inpatient population at the end of the year showed a decline, the length of stay increased, and the inpatient admission and discharge function increased substantially in 1988. The outpatient cases remained

essentially the same but the average number of contacts from outpatients increased. There was also an increasing number of patients (adult and adolescent) attending day programs at the centre.

The principal goals for 1989/90 are: to review and evaluate inpatient and outpatient programs; to review the physical plant to meet changing needs of program requirements; to continue to work in partnership with others in the mental health field, to foster continued improvements; and to continue efforts to recruit psychiatric and other professional staff.


THOMPSON REGION
NORMAN REGION
PARKLAND REGION
INTERLAKE REGION
EASTMAN REGION
WESTMAN REGION
CENTRAL REGION
WINNIPEG REGION
WINNIPEG NORTH
WINNIPEG WEST CENTRAL
WINNIPEG SOUTH
Manitoba Health
REGIONAL BOUNDARIES
1989

Statutes Responsibility
Minister of Health

The Alcoholism Foundation Act	A	60
The Ambulance Services Act	A	65
The Anatomy Act	A	80
The Cancer Treatment and Research Foundation Act	C	20
The Dental Association Act	D	30
The Dental Health Workers Act	D	31
The Dental Health Services Act	D	33
The Denturists Act	D	35
The Registered Dietitians Act	D	75
The Elderly and Infirm Persons' Housing Act *(with respect to personal care homes and infirm persons as defined in the Act)*	E	20
The Department of Health Act	H	20
The District Health and Social Services Act	H	26
The Manitoba Health Research Council Act	H	28
The Health Sciences Centre Act (S.M. 1988, c. 41)		
The Health Services Act	H	30
The Health Services Insurance Act	H	35
The Hospitals Act	H	120
The Human Tissue Act	H	180
The Medical Act	M	90
The Manitoba Medical Association Fees Act	M	95
The Mental Health Act *(except Parts II, III and IV)*	M	110
The Occupational Therapists Act	O	5
The Licensed Practical Nurses Act	P	100
The Prescription Drugs Cost Assistance Act	P	115
The Private Hospitals Act	P	130
The Registered Psychiatric Nurses Act	P	170
* The Registered Public Health Act	P	210
The Registered Nurses Act	R	40
The Registered Respiratory Therapists Act	R	115
The Sanatorium Board of Manitoba Act	S	12

* *Excluding the responsibility for Bedding, Upholstered and Stuffed Articles Regulation (Manitoba Regulation 333/88 R) under The Public Health Act, which is assigned to the Minister of Cooperative, Consumer and Corporate Affairs.*

POPULATION OF MANITOBA

TABLE 1

Population of Manitoba by Health Region, by Age Group and Sex

June 1, 1988

HEALTH REGION	SEX	0-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+	TOTAL
CENTRAL	M	4,288	4,357	4,025	4,016	3,799	3,936	3786	3155	2,709	2,197	1,956	1,931	1,937	1,847	3,985	47,924
	F	4,170	4,065	3,872	3,897	3,394	3,822	3639	2909	2,587	2,218	1,899	2,021	2,089	2,106	5,099	47,787
	T	8,458	8,422	7,897	7,913	7,193	7,758	7425	6064	5,296	4,415	3,855	3,952	4,026	3,953	9,084	9,5711
EASTMAN	M	4,496	4,483	4,309	4,164	3,693	3,852	3,721	3329	2,886	2,226	1,922	1,791	1,691	1,446	2,760	46,769
	F	4,226	4,217	4,139	3,898	3,378	3,730	3,629	3206	2,581	2,158	1,754	1,636	1,568	1,478	3,026	44,624
	T	8,722	8,700	8,448	8,062	7,071	7,582	7,350	6535	5,467	4,384	3,676	3,427	3,259	2,924	5,786	91,393
INTERLAKE	M	3,072	2,870	3,159	3,289	2,902	2,867	3,030	2817	2,504	2,011	1,767	1,730	1,566	1,522	2,827	37,933
	F	2,699	2,839	2,916	3,037	2,638	2,807	2,943	2665	2,411	1,886	1,679	1,667	1,612	1,565	3,202	36,566
	T	5,771	5,709	6,075	6,326	5,540	5,674	5,973	5482	4,915	3,897	3,446	3,397	3,178	3,087	6,029	74,499
NORMAN	M	1,148	1,171	1,181	1,192	1,070	1,220	1,218	1002	797	591	500	467	412	326	557	12,852
	F	1,141	1,108	1,154	1,176	1,037	1,187	1,035	911	683	554	456	404	366	327	686	12,225
	T	2,289	2,279	2,335	2,368	2,107	2,407	2,253	1913	1,480	1,145	956	871	778	653	1,243	25,077
PARKLANDS	M	1,806	1,957	2,005	2,118	1,713	1,659	1,669	1574	1,437	1,198	1,166	1,174	1,321	1,273	2,765	24,835
	F	1,683	1,791	1,975	1,817	1,525	1,571	1,588	1492	1,349	1,123	1,063	1,227	1,277	1,307	3,271	24,059
	T	3,489	3,748	3,980	3,935	3,238	3,230	3,257	3066	2,786	2,321	2,229	2,401	2,598	2,580	6,036	48,894
THOMPSON	M	2,628	2,359	2,463	2,330	2,057	2,013	1,681	1520	1286	973	758	523	349	209	340	21,489
	F	2,469	2,207	2,204	2,234	2,065	1,956	1,696	1394	1,097	816	581	407	263	214	337	19,940
	T	5,097	4,566	4,667	4,564	4,122	3,969	3,377	2914	2,383	1,789	1,339	930	612	423	677	41,429
WESTMAN	M	4,494	4,423	4,564	4,474	4,418	4,872	4,635	4,039	3,466	2,807	2,552	2,832	2,930	2,673	6,016	59,195
	F	4,380	4,247	4,157	4,381	4,245	4,683	4,500	3,947	3,335	2,886	2,687	2,864	3,020	3,190	7,978	60,500
	T	8,874	8,670	8,721	8,855	8,663	9,555	9,135	7,986	6,801	5,693	5,239	5,696	5,950	5,863	13,994	119,695
WINNIPEG	M	21,930	20,783	20,553	22,565	27,186	31,714	28,591	24,598	20,878	15,678	13,860	13,713	12,750	11,164	19,775	305,738
	F	20,981	19,614	19,623	21,922	28,091	31,109	28,288	25,171	21,158	16,072	14,128	14,563	15,150	14,409	32,699	322,978
	T	42,911	40,397	40,176	44,487	55,277	62,823	56,879	49,769	42,036	31,750	27,988	28,276	27,900	25,573	52,474	628,716
MANITOBA	M	43,862	42,403	42,259	44,148	46,838	52,133	48,331	42,034	35,963	27,681	24,481	24,161	22,956	20,460	39,025	556,735
	F	41,749	40,088	40,040	42,362	46,373	50,865	47,318	41,695	35,201	27,713	24,247	24,789	25,345	24,596	56,298	568,679
	T	85,611	82,491	82,299	86,510	93,211	102,998	95,649	83,729	71,164	55,394	48,728	48,950	48,301	45,056	95,323	1,125,414
INDIAN BANDS	M	4,386	3,583	3,299	3,209	2,890	2,407	1,774	1,364	1,108	857	696	540	452	344	601	27,510
	F	4,081	3,382	3,104	3,236	3,023	2,533	1,825	1,316	1,034	788	655	500	380	297	617	26,771
	T	8,467	6,965	6,403	6,445	5,913	4,940	3,599	2,680	2,142	1,645	1,351	1,040	832	641	1,218	54,281

TABLE 1

Medical Supplies and Home Care Equipment Program Caseload Movement by Program

1988/89

	Continuing Care Supplies [1]	Home Care Equipment [2]	Ostomy Supplies [3]	Respiratory Support Equipment [4]	Wheelchairs		Total
					Electric	Standard	
Beginning of Year	2,422	15,487	1,651	197	292[5]	4,711[5]	24,760[5]
Cases Opened	3,130	7,198	369	156	67	1,511	12,431
Total Cases	5,552	22,685	2,020	353	359	6,222	37,191
Cases Closed	2,799	5,426	332	125	33	1,265	9,980
End of Year	2,753	17,259	1,688	228	326	4,957	27,211

[1] *Denote clients who are in receipt of Home Care Services and disposable medical supplies on an ongoing basis.*

[2] *Denote clients who have been provided with one or more pieces of Home Care Equipment to facilitate care in their own homes.*

[3] *Denote clients who have lost the normal function of their bowel or bladder and are receiving stoma care products on an ongoing basis.*

[4] *Denote clients who are utilizing the life-support oxygen concentrators on an ongoing basis.*

[5] *Revised.*

TABLE 2

Medical Supplies and Home Care Equipment Program Patient and Other Services by Program and Type

1988/89

Patient Services	Technician			Mail/Transfer/Patient		Other	Total
	Deliveries	Returns	Maintenance	Deliveries	Returns		
Continuing Care Supplies	476	61	—	20,428	488	—	21,453
Home Care Equipment	5,359	8,175	2,684	12,174	12	—	28,404
Ostomy Supplies	283	—	—	10,680	139	2,029	13,131
Respiratory Support Systems	650	639	1,081	47	—	—	2,417
Total	6,768	8,875	3,765	43,329	639	2,029	65,405
Services to other Programs:							
Reproductive Health	2	—	—	280	10	—	292
Public Health	2	—	—	582	20	—	604
Total	4	—	—	862	30	—	896
Total Services	6,772	8,875	3,765	44,191	669	2,029	66,301

TABLE 1

Public Health Nursing: Reported Caseload Movement by Category

1988/89

	Category						
	Maternal	Child Care	School	Adult	Elderly	Communicable Diseases	Total
Beginning of Year [1]	270	4,899	228	670	490	94	6,651
Cases Opened	316	3,039	140	373	227	156	4,251
Total Cases	586	7,938	368	1,043	717	250	10,902
Cases Closed	381	4,447	162	507	309	196	6,002
End of Year	205	3,491	206	536	408	54	4,900

[1] *Revised.*

TABLE 1

Communicable Diseases[1]: Reported Cases in Manitoba

1988/89

Disease	Number of Cases		
	1986	1987	1988
Intestinal Infectious Diseases:			
Typhoid fever (002.0)	1	–	3
Paratyphoid fever (002.9)	1	3	2
Salmonellosis (003)	210	211	210
Shigellosis (004)	111	33	41
Food Poisoning (Bacterial)			
Staphylococcal (005.0)	5	1	1
Unspecified (005.9)	–	3	1
E. coli (008.0)	–	–	57
Tuberculosis:			
Primary (010)	11	11	3
Respiratory (011-012)	93	78	82
Non-Respiratory (013-018)	32	36	27
Sexually Transmitted Diseases:			
Gonococcal infections (098)	3,029	2,891	2,035
Syphilis (primary and secondary) (091)	24	5	2
Syphilis (other) (092-097)	68	25	23
Chancroid (099.0)	–	16	1
Chlamydia (079.8)	–	–	6,235
Diseases of Central Nervous System			
Meningitis			
Bacterial			
Haemophilus (320.0)	33	24	15
Pneumococcal (320.1)	5	12	7
Other	5	4	2
Viral			
Aseptic Meningitis due to			
Coxackie (47.0)	2	2	4
ECHO virus (47.1)	4	2	1
Other viral (47.9)	52	30	16
Encephalitis			
Western equine encephalitis (062.1)	1	–	–
Encephalitis unspecified (062.9)	1	–	–
Other Bacterial Diseases:			
Diphtheria cases (032)	1	1	–
Diphtheria carriers (V02.4)	15	3	16
Meningococcal infections (036)	15	14	14
Whooping cough (033)7	0	28	6
Total	**3789**	**3433**	**8804**

[1] *For HIV and AIDS see Section 2, Table 4*

TABLE 1 (Continued)

Communicable Diseases[1]: Reported Cases in Manitoba

1988/89

Disease	Number of Cases		
	1986	1987	1988
Other Viral Diseases:			
Hepatitis A (070.0)	207	158	65
Hepatitis B (070.2)	60	68	61
Hepatitis non A-non B (070.5)	4	1	1
Measles (055)	3,317	30	5
Rubella (056)	37	7	6
Mumps (072)	20	18	7
Other Diseases:			
Amoebiasis (006)	13	34	40
Leprosy (30)	1	4	6
Malaria (084)	22	22	2
Psittacosis (073)	1	1	2
Legionella (482.8)	22	10	2
Blastomycosis (116.0)	1	–	–
Trichinosis (124)	–	–	1
Brucellosis (023.9)	–	–	1
Trypanosomiasis (086.9)	–	1	–
Tularemia (021)	–	2	3
Histoplasmosis (115.9)	–	2	–
Listeriosis (027.0)	1	2	2
Postvaricella encephalitis (052.0)	–	1	–
Herpes encephalitis (054.3)	1	1	–
Viral encephalitis (049.9)	1	3	2
Total	**7,497**	**3,798**	**9,010**

[1] *For HIV and AIDS, see Section 2, Table 4.*

FIGURE 1

Reported Salmonellosis Cases (003) Winnipeg and Rural Area

1977 to 1988/89

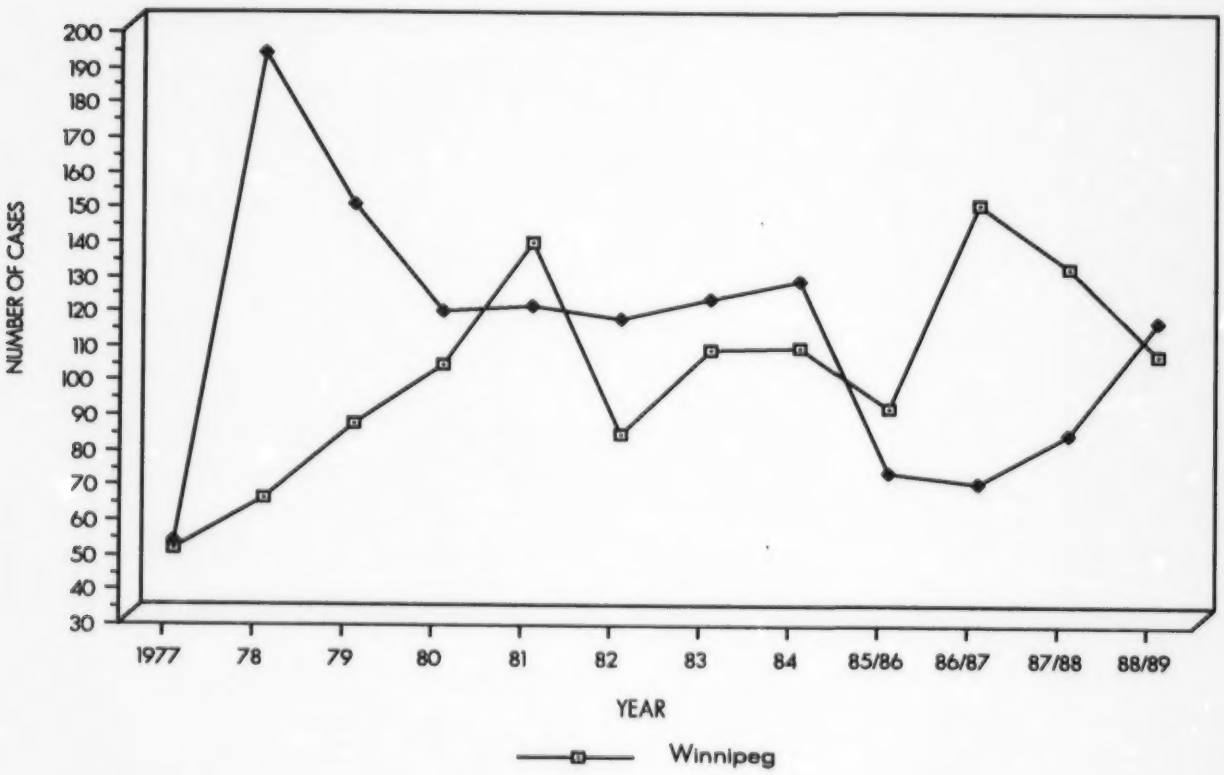


FIGURE 2

Reported Hepatitis A Cases (070.0) Winnipeg and Rural Area

1977 to 1988/89

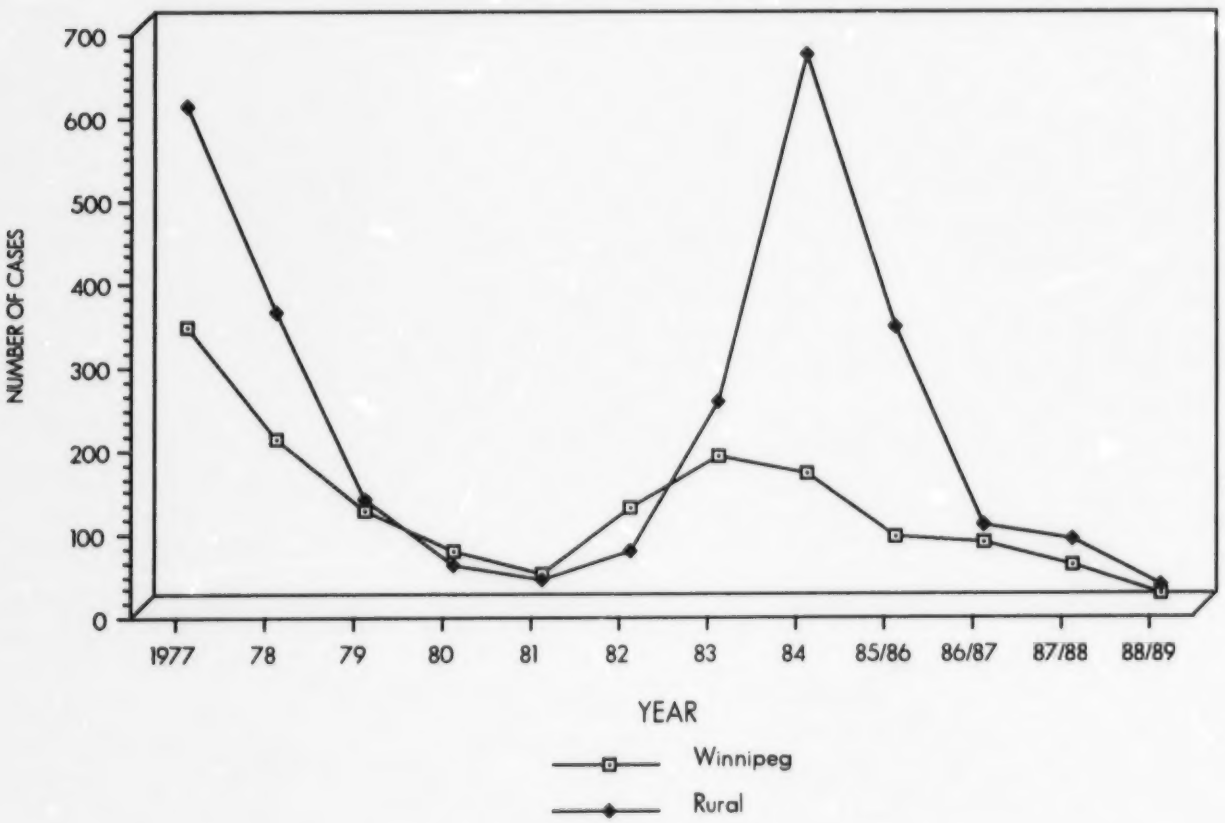


FIGURE 3

Reported Gonococcal Infections (098) Rate Per 10,000 Population

1977 to 1988/89

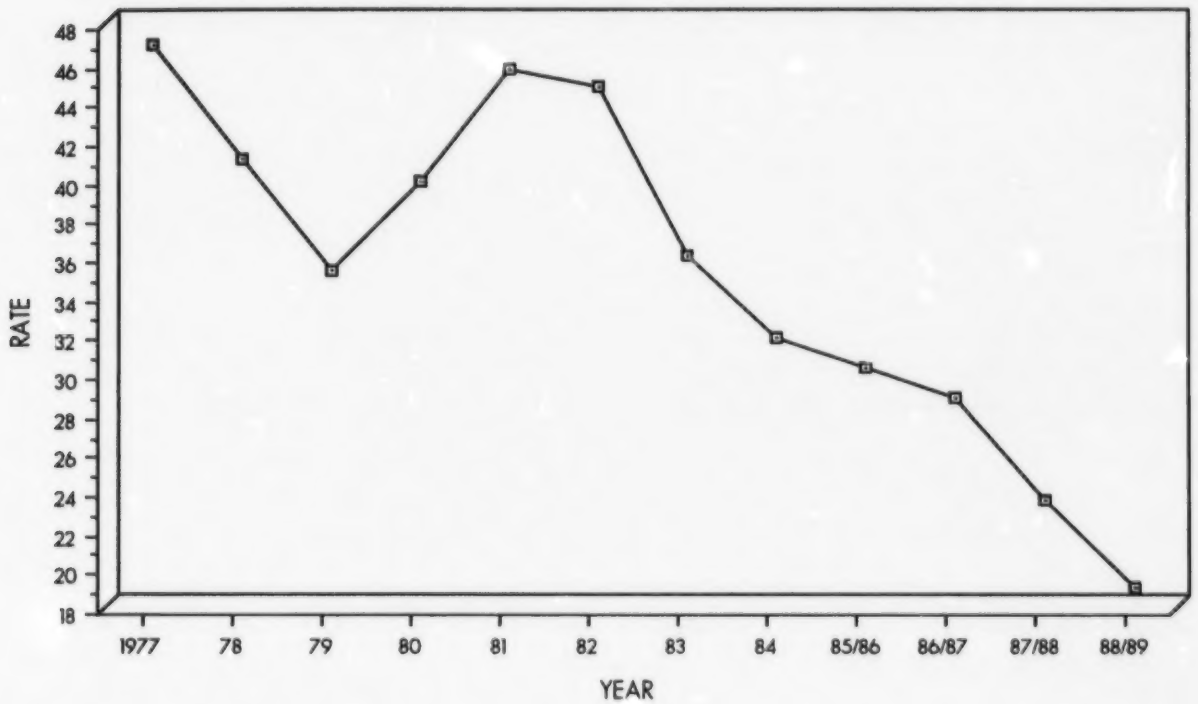


TABLE 2

Reported Infectious Syphilis and Gonorrhea (Laboratory Confirmed) in Manitoba

1979 to 1988

	Infectious Syphilis [1]		Gonorrhea	
Year	Number	Rate per 100,000 Manitobans	Number	Rate per 100,000 Manitobans
1979	38	3.5	3,621	330
1980	21	1.9	4,084	371
1981	24	2.2	4,671	433
1982	13	1.2	4,608	424
1983	32	2.9	3,761	345
1984	82	7.5	3,350	305
1985	78	7.0	3,186	287
1986	51	4.6	3,029	272
1987	16	1.4	2,891	258
1988	6	0.5	2,035	258

[1] *Infectious Syphilis with reported primary, secondary, and early latent (less than 1 year's duration) lesions.*

TABLE 3

Reported Cases of Chlamydia and Gonorrhea by Age Group and Sex

1988

	Chlamydia				Gonorrhea			
Age Group	Male	Female	Total	% of Total	Male	Female	Total	% of Total
0-19	411	1,807	2,218	36.3	238	378	616	30.5
20-24	691	1,578	2,269	37.2	355	309	664	32.9
25-29	317	631	948	15.5	229	129	358	17.7
30-39	188	353	541	8.9	204	72	276	13.7
40-49	42	54	96	1.6	62	16	78	3.9
50-59	15	12	27	0.4	22	1	23	1.1
60+	5	2	7	0.1	5	1	6	0.3
Unknown	–	–	–	–	–	–	–	–
Total	1,669	4,437	6,106	100.0	1,115	906	2,021	100.0

TABLE 4

Reported HIV and AIDS Cases and Deaths Due to AIDS

1985 to 1988

	1985	1986	1987	1988
HIV Positive [1,2]	3	70	54	45
AIDS [2]	1	15	9	5
Deaths	1	4	7	3

[1] *Human Immunodeficiency Virus.*
[2] *Diagnosed for the first time.*

TABLE 5

Reported Cases of Syphilis and AIDS by Age Group

1988

	Syphilis		AIDS	
Age Group	Cases	% of Total	Cases	% of Total
0-19	3	12.0	–	–
20-24	1	4.0	–	–
25-29	7	28.0	2	40.0
30-39	5	20.0	2	40.0
40-49	1	4.0	–	–
50-59	3	12.0	–	–
60+	5	20.0	1	20.0
Total	25	100.0	5	100.0

TABLE 6

Tuberculosis: New and Re-Activated Cases

1979 to 1988

	New Cases			Re-Activated Cases		
	Treaty Indian	Other[1]	Total	Treaty Indian	Other[1]	Total
1979	53	105	158	9	10	19
1980	34	114	148	12	12	24
1981	30	104	134	9	9	18
1982	49	84	133	5	16	21
1983	86	109	195	7	6	13
1984	56	112	168	4	10	14
1985	39	92	131	5	8	13
1986	33	90	123	7	6	13
1987	34	79	113	10	2	12
1988	28	74	102	6	3	9

[1] *Includes Whites, Non-Whites, Metis and Non-Treaty Indians.*

TABLE 7

Drug Dispensing Program: Number of Patients Active

April 1, 1986 to 1988

	Number of Patients on Active List		
Purpose of Drug	1986	1987	1988
Life Saving (General)	721	772	909
Diabetic	495	460	414
Cystic Fibrosis	86	93	90
Growth Hormone	9	9	9
Total	1,311[1]	1,334[1]	1,422

[1] *Revised.*

TABLE 8

Food Protection Program: Activities

1986/87 to 1988/89

Activities	1986/87	1987/88	1988/89
Food Industry Seminars			
Number of Seminars Conducted	10	11	10
Number of Persons Attending	472	624	550
Regulatory Agency Seminars			
Number of Seminars Conducted	–	6	1
Number of Persons Attending	–	142	75
Food Samples			
Complaint Samples Processed	106	100	41
Samples Tested for Pesticides	–	–	–
Food Condemned			
Canned Food (l.)	4	–	–
Poultry (kg.)	–	247	20
Fluid Milk (l.)	–	–	60
Cheese (kg.)	–	–	–
Prepared Foods (items)	–	44	195
Liquor (l.)	51	–	–
Dry Goods (kg.)	510	–	–
Vegetables (kg.)	72	63	1,500
Canned Goods (l.)	4	8	–
Dairy Products (kg.)	3	279	16
Meat/Fish (kg.)	18	684	405
Miscellaneous (kg.)	39	4,770	–
Miscellaneous (l.)	37	260	37
Uninspected Meat Plant Permits Issued	88	87	93
Inspected Slaughter Houses Operating	31	31	31

TABLE 1

Office of Hearing Conservation: Screenings, Referrals, and Assessments by Region

1988/89

	Pre-School Children (0–4 Years)			School Children [3] (5–17 Years)			Adults (18–64 Years)		Adults (65+ Years)	
	Total Number Screened	Audiologic Assessment	Confirmed Hearing Loss	Total Number Screened	Audiologic Assessment	Confirmed Hearing Loss	Audiologic Assessment	Confirmed Hearing Loss	Audiologic Assessment	Confirmed Hearing Loss
Central	113	441	87	3,466	554	281	347	234	459	438
Eastman	-	98	15	3,431	540	252	155	91	238	230
Interlake	-	100	32	2,108	151	84	214	177	175	164
Norman [1]	-	143	32	3,317	418	155	402	300	155	132
Parklands	-	116	21	2,526	333	145	208	116	507	471
Thompson	41	91	31	2,898	171	96	662	385	96	96
Westman	655	670	212	5,792	1,204	520	575	423	503	493
Winnipeg [2]	-	833	293	12,356	1,795	953	953	729	982	953
Total	809	2,492	723	35,894	5,166	2,486	3,516	2,455	3,115	2,977

[1] *Excludes the first quarter data for Norman due to staff vacancy.*
[2] *Includes data only from Concordia, Deer Lodge, Seven Oaks, and Victoria Hospitals of Winnipeg Region.*
[3] *Kindergarten, Grade 1, and special referrals.*

TABLE 1

Monthly Maximum Number of Persons Receiving Co-ordinated Home Care Services by Region

1988/89

Region	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Jan.	Feb.	March
Central	783	790	768	787	797	810	825	799	799	813	793	800
Eastman	933	919	905	922	921	918	904	871	861	864	864	871
Interlake	1,151	1,169	1,144	1,136	1,146	1,123	1,150	1,152	1,119	1,137	1,108	1,117
Norman	350	352	347	350	352	352	352	355	354	354	346	345
Parklands	833	816	817	792	778	787	776	759	759	765	748	735
Thompson	93	91	85	86	88	88	89	92	89	84	89	89
Westman	1,032	1,014	1,019	1,013	1,044	1,023	1,024	997	963	965	956	965
Winnipeg	8,871	8,899	8,884	8,863	8,839	8,851	8,659	8,668	8,543	8,442	8,438	8,306
Total	14,046	14,050	13,969	13,949	13,965	13,952	13,779	13,693	13,487	13,424	13,342	13,228

TABLE 2

Home Care Program Caseload Movement by Age Group

1988/89

	0-18	19-64	65+	Total
Beginning of Year	239	2,350	10,494	13,083
Admissions	281	2,480	7,559	10,320
Total Cases	520	4,830	18,053	23,403
Discharges	291	2,486	8,509	11,286
End of Year[1]	226	2,346	9,643	12,215

[1] *Variance is due to a statistical error in the recording of admissions/discharges in Westman region which was discovered during a case count in that region and has since been rectified.*

TABLE 3

Home Care Program: Average Monthly Number of Persons Receiving Selected Services[1] by Category

1986/87 to 1988/89

Services[2]	Average Monthly Number of Persons		
	1986/87	1987/88	1988/89
Home Support Service	7,822	7,768	7,015
Home Care Attendance	3,455	3,744	4,135
Overnight and Daily Work	185	192	147
Registered Nursing	4,894	4,714	4,340
Licensed Practical Nursing	1,569	1,390	1,104
Therapy[3]	427	464	557

[1] *In addition, Home Care Services include health supervision, health education, health counselling, and volunteer services such as shopping and friendly visiting.*

[2] *An individual can receive more than one category of service.*

[3] *Therapy is provided by Community Therapy Services of Manitoba and includes physiotherapy and occupational therapy.*

TABLE 4

Number of Persons on the Waiting List For Personal Care Homes

At End of March 1986 to 1989

	1986	1987	1988	1989
Rural Area	594	572	526	594
Winnipeg	916	764	659	640
Total	1,510	1,336	1,185	1,234

TABLE 5

Manitoba Continuing Care Program
Home Care Program

	1986/87	1987/88	1988/89
Total assessed for admission to the Home Care Program	14,242	13,223	12,540
Breakdown of assessments:			
Admitted to Home Care	11,827	11,011	10,320
Ineligible/Home Care not required	1,435	1,400	1,332
Other [1]	980	812	868
Ratio of persons ineligible to total assessed	10.1%	10.6%	10.6%
Discharged from Home Care	11,409	11,547	11,286

[1] *Other reasons for non-admission are person or family refused service, person deceased and person admitted to a care facility, such as a hospital.*

TABLE 1

Dental Services: Number of Children Eligible and Treated and Percent Utilization by Year of Birth (1974–1982)

July 1988 to June 1989

	Manitoba Children's School Based Dental Program[1]		
Year of Birth	Eligible	Treated	% Utilization
1974	1,025	843	82.2
1975	2,543	2,089	82.1
1976	2,465	1,998	81.1
1977	2,453	2,028	82.7
1978	2,478	2,040	82.3
1979	2,583	2,164	83.8
1980	2,613	2,218	84.9
1981	2,561	2,151	84.0
1982	2,592	2,167	83.6
Total	21,313	17,698	83.0

1 Does not cover children serviced by Manitoba Dental Association.

TABLE 2

Dental Services: Number of Children (Birth 1974–1982) Eligible and Treated and Percent Utilization by District

July 1988 to June 1989

	Manitoba Children's School Based Dental Program[1]		
District	Eligible	Treated	% Utilization
Eastern	10,319	8,374	81.2
Western	10,994	9,324	84.8
Total	21,313	17,698	83.0

[1] Does not cover children serviced by Manitoba Dental Association.

TABLE 3

Dental Services: Number of Services Provided by Manitoba Children's School-Based Dental Program by Year of Birth (1974–1982)

1988/89

Year of birth	1982	1981	1980	1979	1978	1977	1976	1975	1974	Total
Complete Patients	**1,318**	**2,065**	**2,118**	**2,104**	**1,920**	**1,952**	**1,925**	**2,025**	**1,834**	**17,261**
Incomplete Patients	**44**	**43**	**43**	**18**	**27**	**33**	**22**	**23**	**33**	**286**
Services and Codes										
Examinations (01200, 01400, 01401, 01402, 11111)	1,347	2,409	2,365	2,318	2,060	2,064	2,050	2,183	1,927	18,723
Radiographs										
Periapicals (02111-02116)	110	176	145	128	91	72	57	82	80	941
Bitewings (02141-02144)	1,240	1,555	1,348	1,255	1,052	1,019	960	983	1,451	10,863
Prevention										
Prophylaxis (11200)	1,041	1,107	444	501	506	497	465	575	930	6,066
Topical Fluoride (12200)	1,043	1,184	468	487	473	470	417	529	888	5,959
Nut. Counselling and OHI (13200)	975	1,069	493	512	481	534	433	508	754	5,759
Specific Oral Hygiene Inst. (13210)	76	91	84	100	95	87	110	161	166	970
Interproxim. Discing/Slicing (13700)	24	85	142	124	44	18	9	6	–	452
Space Maintainers (15100-15210)	–	–	–	–	–	–	–	–	–	–
Other Ortho. Services (15500)	–	–	1	1	1	–	–	–	–	3
Restorations										
Caries Control (20110-20120)	3	4	4	6	8	16	8	8	5	62
Amalgams (21101-21225)	2,394	2,644	1,372	1,156	771	529	509	726	740	10,841
Retentive Pins (21301-21303)	–	–	1	–	1	–	2	1	–	5
Composite (23111-23223)	277	826	1,076	1,001	826	854	976	1,198	1,416	8,450
Crowns (21401-21421)	496	505	163	98	54	18	9	6	2	1,351
Preformed Posts (29501-29502)	–	–	–	–	–	–	–	–	–	–
Pulp Therapy										
Pulpotomy (32201-32212, 39901-39909)	385	356	92	55	36	14	1	1	2	942
Others (33100-35511, 33910-39985)	–	–	–	–	–	–	–	1	–	1
Prosthodontics (52120-52221)	–	–	–	–	–	–	–	–	–	–
Surgical Procedures										
Extractions (71101-72320)	236	368	246	262	260	277	246	195	112	2,202
Other Surgical Procedures (72410-79400)	–	–	–	–	–	–	–	–	–	–
Adjunctive Services (94200-94400)	572	626	458	348	248	238	178	150	120	2,938
Referrals (93400-93401)	92	136	60	33	21	13	12	24	12	403
Misc. Procedures	1	–	1	–	2	–	–	–	1	5
Total	10,312	13,141	8,963	8,385	7,030	6,720	6,442	7,337	8,606	76,936

TABLE 4

Dental Services: Preventive Dental Public Health Services Provided as Part of the Manitoba Children's Dental Program

July 1988 to June 1989

Program	Number of Schools					Number of Children	
			Non-Participating				
	Approached	Participating	By Choice	Fluoridated Water Supply	Unable to Compete	Eligible	Participating
Daily Brushing (Classroom)	414	115	299	N/A	N/A	30,848	4,019
Dental Health Education	473	452	21	N/A	15	67,402	59,989
Weekly Fluoride Rinse	474	432	38	4	N/A	71,099	55,971

TABLE 5

Dental Services: Number of Services Provided by Manitoba Dental Association Program by Year of Birth (1974–1982)

July 1988 to June 1989

Year of birth	1982	1981	1980	1979	1978	1977	1976	1975	1974	Total
Complete Patients	**1,534**	**2,061**	**2,065**	**2,129**	**2,106**	**1,968**	**1,794**	**1,823**	**1,507**	**16,987**
Incomplete Patients	**341**	**413**	**426**	**352**	**394**	**327**	**330**	**295**	**351**	**3,229**
Services and Codes										
Examinations (01200, 01400, 01401, 01402, 11111)	1,852	2,306	2,324	2,311	2,395	2,224	2,090	2,075	1,733	19,310
Radiographs										
Single Film (02111)	55	152	167	165	170	117	73	86	80	1,065
Two Films (02112)	1,083	1,146	1,379	1,282	1,332	1,265	1,178	1,225	1,039	10,929
Three Films (02113)	15	34	48	35	30	19	18	25	26	250
Four Films (02114)	7	11	7	9	10	12	17	8	7	88
Five Films (02115)	–	–	2	–	2	1	1	1	1	8
Six Films (02116)	–	2	–	–	3	1	3	2	1	12
Prevention										
Prophylaxis (11200) [1]	–	–	–	–	–	–	–	–	–	–
Topical Fluoride (12200) [1]	–	–	–	–	–	–	–	–	–	–
Nut. Counselling and OHI (13200) [1]	–	–	–	–	–	–	–	–	–	–
Interproximal Discing/Slicing (13700)	25	67	71	59	24	4	3	5	–	258
Space Maintainers (15100-15210)	124	306	174	101	60	24	10	6	3	808
Other Ortho. Services (15500)	6	190	246	252	165	88	51	20	11	1,029
Restorations										
Caries Control (20110-20120)	24	13	17	10	11	8	6	17	9	115
Amalgams (21101-21225)	1,996	2,193	1,969	1,413	1,217	942	906	1,193	1,464	13,293
Retentive Pins (21301-21303)	2	10	9	4	17	3	8	14	17	84
Composite (23111-23223)	106	205	219	219	215	221	232	330	355	2,102
Crowns (22210-22410)	359	275	178	129	49	20	7	8	3	1,028
Preformed Posts (29501-29502)	–	–	–	–	1	5	4	5	12	27
Pulp Therapy										
Pulpotomy (32201-32210, 39902-39905)	300	236	172	99	48	8	7	4	3	877
Others (33100-35523, 33910-39905)	–	7	5	7	27	24	13	38	36	157
Prosthodontics (52120-52221)	–	–	–	2	2	–	3	7		
Surgical Procedures										
Extractions (71101-72320)	292	566	627	582	683	707	642	440	290	4,829
Other Surgical Procedures (74401-75100)	–	1	–	3	1	2	1	1	–	9
Adjunctive Services	4	7	3	2	2	4	3	2	1	28
Misc. Procedures	2	5	7	14	13	23	14	29	24	131
Total 6,252	7,732	7,624	6,698	6,477	5,722	5,287	5,534	5,118	56,444	

[1] *Included in examination package (11111).*

TABLE 1

Office of Provincial Gerontologist: Support Services to Seniors Program Number of Projects by Region

1984/85 to 1988/89

Year	Central	Eastman	Interlake	Norman	Parkland	Thompson	Westman	Winnipeg			Total
								North	South	W. Central	
1984/85[1]	–	2	3	–	–	–	–	–	2	4	11
1985/86	4	4	3	–	2	–	4	1	4	5	27[2]
1986/87	2	–	5	–	4	–	5	–	3	1	20
1987/88	8	2	4	–	3	–	9	1	1	1	29[3]
1988/89	8	6	3	–	1	–	8	–	3	1	30
Total	22	14	18	–	10	–	26	2	13	12	117

[1] *Funding started in January, 1985.*
[2] *Does not include three projects which were funded in 1985/86 but ceased to function during the year.*
[3] *Includes one project that did not start in 1987/88.*

TABLE 2

Office of Provincial Gerontologist: Support Services to Seniors Program Number of Projects by Type and Region

1984/85 to 1988/89

Project	Central	Eastman	Interlake	Norman	Parkland	Thompson	Westman	Winnipeg			Total
								North	South	W. Central	
Community Resource Councils	6	3	3	–	2	–	16	1	–	–	31
Tenant Resource Coordinators	1	1	–	–	–	–	1	–	2	2	7
Volunteer Coordinators	1	–	–	–	–	–	1	–	1	1	4
Meals Programs	14	10	15	–	8	–	8	1	10	9	75
Total	22	14	18	–	10	–	26	2	13	12	117

TABLE 1

Mental Health Centres: Admissions and Separations

1984 to 1988/89

	Admissions					Separations[1]					In-Patient at Year End					Total Under Treatment[2]				
Centre	1984	85/86	86/87	87/88	88/89	1984	85/86	86/87	87/88	88/89	1984	85/86	86/87	87/88	88/89	1984	85/86	86/87	87/88	88/89
Brandon	382	379	486	523	584	416	433	510	537	704	451	415	392	384	264	879	860	912	925	968
Selkirk	145	189	243	243	272	155	223	259	262	266	345	321	302	292	298	519	550	570	554	564
Total	527	568	729	766	856	571	656	769	799	970	796	736	694	676	562	1,398	1,410	1,482	1,479	1,532

[1] *Exclude probations.*
[2] *Population on register (resident population plus population on probation) at the beginning of the year*

TABLE 2

Mental Health Centres:
Average Daily Patient Population

1984 to 1988/89

Centre	1984	1985/86	1986/87	1987/88	1988/89
Brandon	458.1	436.8	406.0	387.1	320.8
Selkirk	345.4	323.7	308.5	295.3	301.2

TABLE 3

Mental Health Centres:
Average Length of Stay for Discharges

1984 to 1988/89

			Average Length of Stay				
Centre			1984	1985/86	1986/87	1987/88	1988/89
Brandon	Patient in Centre 1 Year or More	Years	15.2	13.3	11.6	20.0	18.2
	Patient in Centre Less than 365 days	Days	70.8	64.8	48.6	49.6	57.0
Selkirk	Patient in Centre 1 Year or More	Years	16.1	6.7	9.6	12.1	10.2
	Patient in Centre Less than 365 Days	Days	83.0	74.1	62.2	47.4	48.2

TABLE 4

Mental Health Centres: Outpatient Caseload Movement[1]

1988/89

Centre	Active Cases[2] at Beginning of Year	Registrations During Year	Terminations During Year	Active Cases at End of Year
Brandon	1,002	832	951	883
Selkirk	891	275	318	848
Total	1,893	1,107	1,269	1,731

[1] *Caseload movement includes those which received treatment services from medical, psychological, and/or social services staff.*

[2] *Criteria for active cases are those receiving service during the previous 12 months for Selkirk Mental Health Centre and the previous 90 days for Brandon Mental Health Centre.*

TABLE 5

Mental Health Centres: Outpatients Served During the Year[1]

1988/89

Centre	Former Inpatients	Not Former Inpatients	Total Outpatients	Total Contacts
Brandon	630	625	1,255	11,659
Selkirk	564	284	848	4,834
Total	1,194	909	2,103	16,493

[1] *This table provides an unduplicated count of individuals served. This reflects a change in format from previous reports, which considered both outpatient visits and telephone calls under the heading "Outpatients and Outpatient Contacts."*

TABLE 1

Community Mental Health: Caseload Movement by Region

1988/89

Project	Central	Eastman	Interlake	Norman	Parklands	Thompson	Westman	Winnipeg			Total
								North	South	W. Central	
Beginning of Year	210	484	252	197	278	234	545	412	538	703	3,853
Cases Opened	506	345	246	359	392	548	310	211	277	275	3,469
Total Cases	716	829	498	556	670	782	855	623	815	978	7,322
Cases Closed	483	323	202	352	394	544	234	212	263	247	3,254
End of Year	233	506	296	204	276	238	621	411	552	731	4,068

TABLE 1

Adult Forensic Services: Number of Patients Seen

1987/88 and 1988/89

Health Sciences Centre[1]	1987/88	1988/89
Patients Admitted	89	109
Outpatients seen for psychiatric assessment	122	113
Outpatients seen on a follow-up basis	881	793

[1] *In addition, 899 and 1,112 residents of Headingly Correctional Institution were seen by a psychiatrist on site in 1987/88 and 1988/89 respectively.*

TABLE 2

Children's Forensic Services: Number of Referrals by Category

1987/88 and 1988/89

	Number of Cases	
Probation Referrals	1987/88	1988/89
Psychiatric	63	64
Psychological	54	49
Psychiatric/Psychological	16	10
Consultative Conferences	–	–
Total	133	123

	Number of Sessions 1988/89	
Other Referrals	New	Follow-up[1]
Manitoba Youth Centre	174	106
Agassiz Centre for Youth	24	46
Open and Secure Custody	87	190
Court and Probation	–	51
Other[2]	–	27
Total	285	420

[1] *Includes long-term and short-term psychotherapy cases.*
[2] *Includes children no longer in custody but choosing to continue therapy.*

TABLE 1

Winnipeg Child Guidance Clinic: Caseload Movement

School Year 1984/85 to 1988/89

	1984/85	1985/86	1986/87	1987/88	1988/89
Beginning of School Year	328	330	398	366	355
Cases Opened	277	334	294	316	320
Total Cases	605	664	692	682	675
Cases Closed	275	266	326	327	337
End of School Year	330	398	366	355	338

TABLE 2

Community Psychiatric Services for Children: Rural[1]

Total Cases: 1984 to 1988/89

	1984	1985/86	1986/87	1987/88	1988/89
Total Cases	1,017	1,068	902	1,072	1,331

[1] *Includes Brandon.*

Table 1 Manitoba Health

Departmental Expenditure Summary

April 1, 1988 – March 31, 1989

Appropriation Number	Program/Service	Actual Expenditure ($000)	Printed Estimate ($000)	Variance[1] ($000)	Explanation Number
21–1	Administration and Finance	2,782.3	3,520.4	(738.1)	
21–2	Community Health Programs	59,627.2	65,607.8	(5,980.6)	
21–3	Community Health Operations	27,643.4	29,301.7	(1,658.3)	
21–4	Mental Health	40,131.4	41,841.8	(1,710.4)	
Total		130,184.3	140,271.7	(10,087.4)	

[1] *Bracketed figures indicate an under-expenditure.*

Table 2 Manitoba Health

Expenditure Summary Appropriation 21–1

April 1, 1988 – March 31, 1989

Appropriation Number	Program/Service	Actual Expenditure ($000)	Printed Estimate ($000)	Variance[1] ($000)	Explanation Number
21–1A	Minister's Salary	20.6	20.6	(65.6)	
21–1B	Executive Support				
-1	Salaries	337.1	324.0	13.1	
-2	Other Expenditures	185.7	185.7		
21–1C	Health Advisory Network	.1	500.0	(499.9)	1
21–1D	Research and Planning				
-1	Salaries	418.2	499.0	(80.8)	
-2	Other Expenditures	59.5	94.0	(34.5)	2
21–1E	Communications				
-1	Salaries	93.2	145.2	(52.0)	3
-2	Other Expenditures	24.0	19.4	4.6	4
21–1F	Administration and Finance				
-1	Salaries	870.0	879.9	(9.9)	
-2	Other Expenditures	53.2	46.4	6.8	
21–1G	Human Resource Management				
-1	Salaries	501.9	569.7	(67.8)	
-2	Other Expenditures	49.1	62.7	(13.6)	5
21–1H	Internal Audit				
-1	Salaries	143.8	147.9	(4.1)	
-2	Other Expenditures	25.9	25.9	–	
Total Appropriation 21–1		2,782.3	3,520.4	(738.1)	

[1] *Bracketed figures indicate an under-expenditure.*

Table 3 Manitoba Health

Expenditure Summary Appropriation 21-2

April 1, 1988 – March 31, 1989

Appropriation Number	Program/Service	Actual Expenditure ($000)	Printed Estimate ($000)	Variance[1] ($000)	Explanation Number
21–2A	Program Support				
-1	Salaries	826.7	1,127.4	(300.7)	6
-2	Other Expenditures	145.2	124.3	20.9	
21–2B	Communicable Disease Control				
-1	Salaries	682.8	683.4	(.6)	
-2	Other Expenditures	4,198.7	4,098.7	100.0	
21–2C	Maternal and Child Health				
-1	Salaries	256.9	262.6	(5.7)	
-2	Other Expenditures	343.7	355.6	(11.9)	
-3	External Agencies	633.6	633.6		
21–2D	Health Promotion				
-1	Salaries	732.6	756.0	(23.4)	
-2	Other Expenditures	318.8	450.5	(131.7)	7
-3	External Agencies	535.2	559.2	(24.0)	
21–2E	Hearing Conservation				
-1	Salaries	107.3	113.4	(6.1)	
-2	Other Expenditures	225.5	221.1	4.4	
-3	External Agencies	50.0	73.1	(23.1)	8
21–2F	Gerontology				
-1	Salaries	148.5	160.9	(12.4)	
-2	Other Expenditures	1,247.0	1,413.7	(166.7)	
21–2G	Continuing Care				
-1	Salaries	331.1	351.1	20.0)	
-2	Other Expenditures	86.5	76.1	10.4	
-3	Home Care Assistance	39,012.3	43,689.0	(4,676.7)	9
-4	External Agencies	467.5	499.2	(31.7)	
21–2H	Medical Equipment & Supplies				
-1	Salaries	637.7	649.3	(11.6)	
-2	Other Expenditures	2,771.1	2,928.3	(157.2)	
-3	External Agencies	631.2	614.7	16.5	
21–2J	Dental Services				
-1	Salaries	2,266.1	2,350.4	(84.3)	
-2	Other Expenditures	2,127.4	2,519.3	(1391.9)	10
-3	External Agencies	153.6	163.1	(9.5)	
21–2K	Environmental Health				
-1	Salaries	176.2	203.0	(26.8)	
-2	Other Expenditures	15.2	15.5	(.3)	

Table 3 Manitoba Health

Expenditure Summary Appropriation 21–2

April 1, 1988 – March 31, 1989

Appropriation Number	Program/Service	Actual Expenditure ($000)	Printed Estimate ($000)	Variance[1] ($000)	Explanation Number
21–2N	Information Resources				
-1	Salaries	227.7	238.8	(11.1)	
-2	Other Expenditures	236.3	228.5	7.8	
21–2Q	Northern Health				
	Other Expenditures	34.8	48.0	(13.2)	11
Total Appropriation 21–2		59,627.2	65,607.8	(5,980.6)	

[1] *Bracketed figures indicate an under-expenditure.*

Table 4 Manitoba Health

Expenditure Summary Appropriation 21–3

April 1, 1988 – March 31, 1989

Appropriation Number	Program/Service	Actual Expenditure ($000)	Printed Estimate ($000)	Variance[1] ($000)	Explanation Number
21–3A	Community Health Operations				
-1	Salaries	24,377.9	25,837.6	(1,459.7)	
-2	Other Expenditures	3,265.5	3,464.1	(198.6)	
Total Appropriation 21–3		27,643.4	29,301.7	(1,658.3)	

[1] *Bracketed figures indicate an under-expenditure.*

Table 5 Manitoba Health

Expenditure Summary Appropriation 21–4

April 1, 1988 – March 31, 1989

Appropriation Number	Program/Service	Actual Expenditure ($000)	Printed Estimate ($000)	Variance[1] ($000)	Explanation Number
21–4A	Program & Management Support				
-1	Salaries	135.1	142.2	(7.1)	
-2	Other Expenditures	92.5	157.9	(65.4)	12
21–4B	Chief Provincial Psychiatrist				
-1	Salaries	191.9	269.6	(77.7)	13
-2	Other Expenditures	73.3	39.7	33.6	14
21–4C	Mental Health Directorate				
-1	Salaries	251.7	312.8	(61.1)	15
-2	Other Expenditures	784.8	949.6	(164.8)	
-3	External Agencies	1,439.0	1,573.4	(134.4)	
21–4D	Forensic Services				
-1	Salaries	203.3	228.9	(25.6)	
-2	Other Expenditures	185.3	94.6	90.7	
21–4E	Children's Psychiatric				
-1	Salaries	660.6	931.1	(270.5)	17
-2	Other Expenditures	193.1	172.2	20.9	
21–4F	Brandon Mental Health Centre				
-1	Salaries	17,604.3	18,629.6	(1,025.3)	
-2	Other Expenditures	2,145.7	1,926.4	219.3	
21–4G	Selkirk Mental Health Centre				
-1	Salaries	14,001.8	14,377.3	(375.5)	
-2	Other Expenditures	2,169.0	2,036.5	132.5	11
Total Appropriation 21–4		40,131.4	41,841.8	(1,710.4)	

[1] *Bracketed figures indicate an under-expenditure.*

Manitoba Health

Expenditure Explanations

April 1, 1988 – March 31, 1989

1. The under-expenditure is due to the delay in the implementation of the Health Advisory Network.

2. The under-expenditure is due mainly to the following:
   a) Less travel than expected.
   b) Purchase of furniture and furnishings deferred.
   c) There was no requirement for professional fees.
   d) Costs of printing reports overestimated.

3. A position remained vacant for the year resulting in a saving in salary expenditures.

4. The over-expenditure is due mainly to the following:
   a) Increased telephone expenses.
   b) Rental of new fax machines.

5. The under-expenditure is due to the following:
   a) Reduced publication materials costs due to decrease in training and development.
   b) Deferred purchase of furniture and furnishings

6. The under-expenditure is due to the vacant and under-filled medical officer positions.

7. The under-expenditure is due mainly to the following:
   a) Postponement of implementation of "Health Promotion at Work" initiative.
   b) Less transportation costs than expected.

8. The under-expenditure is due to a discontinuance of a telephone relay system.

9. The under-expenditure in Home Care Assistance is due mainly to the following:
   a) Projected volume increases based on previous trend did not materialize.
   b) Wage and benefit increases for new collective agreement were phased-in during year.
   c) Planned reductions to nursing costs in long term care.
   d) Training plans deferred.

10. The under-expenditure is due to the following:
    a) Decrease in discretionary grant due to the cancellation of the agreement to train dental nurses at Wascana.
    b) Reduction in professional fees due to lower than anticipated claims from private dentists for delivery of the Children's Dental Program in the areas covered by the Manitoba Dental Association.
    c) Decrease in repairs and maintenance costs.
    d) Decrease in furniture and furnishings.

11. The under-expenditure is due to the delayed implementation of an education program for nurses.

12. The under-expenditure is due mainly to the following:
    a) Mental Health Review Board Meetings were not established on a regular basis until September, 1988.

13. The under-expenditure is due mainly to a vacant medical officer position for the Chief Provincial Psychiatrist which was filled on a sessional basis.

14. The over-expenditure in professional fees is due to an increase in number of hours of services provided and the sessional rate paid to the Chief Provincial Psychiatrist to meet the legislative requirements of The Mental Health Act.

15. The under-expenditure is due mainly to staff vacancies.

16. The over-expenditure is due mainly to the following:
    a) Professional fees underestimated;
    b) Increase in recruiting costs.

17. The under-expenditure is due mainly to the vacancies in medical officer positions.

Table 1 Manitoba Health

Revenue Summary

April 1, 1988 – March 31, 1989

Revenue Source	Actual Revenue ($000)	Printed Estimate ($000)	Variance ($000)	Explanation Number
Current Operating Programs				
Government of Canada				
V.R.D.P.	3,752.8	2,545.0	1,207.8	1
C.A.P.	10,172.61	8,729.5	1,443.1	2
Sub-Total	13,925.4	11,274.5	2,650.9	
Other Revenue				
Sundry	1,990.9	1,900.5	90.4	3
Total	15,916.3	13,175.0	2,741.3	

Table 1 Manitoba Health

Revenue Explanations

April 1, 1988 – March 31, 1989

1. Actual claims received were higher than anticipated due to increased shareable costs related to Community Mental Health and Vocational Rehabilitation Workers.

2. The C.A.P. claims were higher than estimated due mainly to recovery in 1988/89 of prior years' revenue and the greater shareable costs in Home Care Assistance in 1988/89.

3. Sundry revenue received in 1988/89 was over the Printed Estimates due mainly to the following:
   a) revenue recovered from Medical Supplies and Home Care Equipment increased;
   b) per diem charges to Long Term Care Patients in Mental Health Centers increased.